

CAAM-HP Medical Education Database Form

Submitted by: [insert name of medical school]

Date: [insert date of submission]

ACKNOWLEDGEMENT

This Database Form for accreditation of medical schools in the Caribbean was adopted with permission from the Liaison Committee on Medical Education, and modified, from their document *Data Collection Instrument for Full Accreditation Surveys*

Note: This document, or no part thereof, may be copied without permission from the LCME and the CAAM-HP.

Guidelines for Completing the Database Form

General Information

Many individuals are, and should be, involved in providing the requested information for completion of this database but it is important that the school identify, at an early stage, an appropriate individual to coordinate the collection of data during the self-study and to oversee its entry into the final document.

This form has been prepared as an editable document template in Microsoft Word format with items grouped into sections corresponding to the organisation of the CAAM-HP Standards. Every effort has been made to simplify and clarify the information required in the text, tables and appendices and a Glossary of Terms and Abbreviations is available on the CAAM-HP website.

Schools should make every effort to be concise in their responses while ensuring that each required item is addressed adequately. The final submission will be a comprehensive record of the school's performance and should be a clear and readable document for scrutiny by the visiting team. To avoid confusing formatting errors, it is best to assign one individual who is familiar with the nuances of word processing (and Microsoft Word in particular) to insert the requested information. The following guidelines are provided to assist the individual with that responsibility.

Entry of Responses

Requested responses to each item may include one or all of the following:

1. Narrative Text

- Shaded spaces are provided for entering narrative text. These are preformatted in Times New Roman font, 11 pt. black and will expand to accommodate entry of text.
- When pasting text from other documents into these spaces, care should be taken to avoid changes in formatting that may result in difficulty for the reader.
- Graphics files (organograms, diagrams, spreadsheets and photographs, etc.) should be submitted as appendices and should not be inserted into the shaded text areas or tables.
- Adding text outside of the shaded areas provided is to be avoided but in the event that the school finds it necessary to provide an additional (e.g. explanatory) note, these must be clearly indicated by highlighting and/or use of an asterisk.

2. Tabular Responses

- For some items, preformatted tables are provided for entering requested data.
- These spaces are also preformatted in Times New Roman font, 11 pt. black.
- Note that some tables may need to be expanded or duplicated and column or row headings adjusted to conform to terminology used by the school.

3. Appendices

- Where additional documents are requested, a place is provided for the school to provide a reference to an appendix that is to accompany the completed form.
- Each appendix should be identified by a clear and appropriate name and system of numbering.
- Where the same appendix is submitted for two different items, the same name should be used to avoid unnecessary duplication.

Headings, Pagination and Page/Section Breaks

- Except for the cover and these guideline pages, the database form is divided into five sections corresponding to the organisation of the CAAM-HP standards.
- The beginning of each section is identified by the use of a cover page and separated from the section that follows it by a previously inserted section break. Note that removal of these section breaks will result in confusing changes in pagination.
- As responses are entered, text will flow over to the following page with increase in the number of pages.
- Page breaks may be inserted and efforts should be made, wherever possible, to avoid tables breaking across pages.
- In the school's final submission, each standard followed by the school's responses should begin on a new page.
- Adherence to these guidelines will facilitate later referencing of items, e.g. Section 2, Page 6, Standard MS-3, Item b'.

Submission Format and Back-up

- Please note that the document submitted to the CAAM-HP should not be converted to pdf but should remain in Word format.
- A dated soft copy of the final submission should be carefully retained by the school in the event of mishaps or loss of the submission.

For further assistance, please contact the CAAM-HP Secretariat as below

The CAAM-HP Secretariat
Suite # 7, Pinnacle Pointe
53 Lady Musgrave Road
Kingston 10, Jamaica

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Tel: (876) 927-4765
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SECTION 1
INSTITUTIONAL SETTING (IS)

Proposed

IS-1: Eligibility Requirements

The medical school ensures that its medical education programme meets all eligibility requirements of the CAAM-HP for initial and continuing accreditation, including receipt of degree-granting authority from the government or jurisdiction in which it operates.

Supporting Data

- a. Provide the name of the country/jurisdiction in which the institution is registered/chartered/legally authorised to offer the MD/MBBS degree.

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Supporting Documentation

1. Provide as an appendix, a signed copy of the above charter and/or letter of authority.

Appendix title and number	
Place ✓ if not available	

2. Provide as an appendix confirmation of the current accreditation status of the school/educational programme and the year in which the next accreditation survey is scheduled.

Appendix title and number	
Place ✓ if not available	

IS-2: Strategic Planning and Continuous Quality Improvement

A medical school engages in ongoing strategic planning and continuous quality improvement processes that establish both short and long-term programmatic goals, establishes measurable outcomes that are used to improve programme quality, and effectively monitors the medical education programme's compliance with the accreditation standards of CAAM-HP.

Narrative Response

- a. Provide the school's mission statement.

- b. Describe the process used by the medical school to develop its most recent strategic plan, whether that plan is stand-alone or in conjunction with the sponsoring organisation (e.g., university, health system, parent company).

- c. How often and by whom is the strategic plan reviewed and/or revised?

- d. Describe how, when, and by whom or what group(s) the outcomes of the school's strategic plan are monitored and acted upon.

- e. Provide two examples of outcomes from the most recent strategic goals/objectives and a description of the actions or activities undertaken to evaluate and act on the outcomes.

- f. Describe the personnel and other resources available for continuous quality improvement (CQI) activities related to the medical education programme, including those that support monitoring of matters related to accreditation.

- g. How and when was the school's CQI process for monitoring accreditation developed?

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- h. Describe the process by which the standards currently selected for monitoring were identified and approved and how the periodicity for monitoring these standards was determined. Indicate if the process to identify standards was a one-time event or an ongoing process. If ongoing, indicate how and by whom changes in the monitored standards and/or the periodicity of their monitoring are made and approved.

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Table IS-2.1: Monitoring Accreditation Standards

For each CAAM-HP standard selected for monitoring by the school during the last year, use the table below to provide the information that illustrates the monitoring process. Duplicate the blank table for each standard as is necessary.

CAAM-HP Standard Monitored			
Frequency of Monitoring	Data Source(s) used for Monitoring	Individuals/Groups Receiving the Results	Individual/Group Responsible for Taking Action

- i. Identify who has core responsibility for and authority to manage the CQI effort and to ensure the effort's effectiveness.

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- j. Provide two examples of actions taken in response to the school's monitoring of accreditation standards, including how the success of the actions taken are being reviewed/monitored.

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Supporting Documentation

1. Provide as an appendix, the current strategic plan of the medical school and/or the plan of the University or parent company in which the school is a part.

Appendix title and number	
Page number	
Place ✓ if not available	

IS-3: Policies and Bylaws

A medical school disseminates bylaws or appropriate policy documents that describe the responsibilities and privileges of its administrative officers, faculty, students, and committees.

Narrative Response

- a. Briefly describe how these formal documents are developed, approved, and made available to the faculty.

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Supporting Documentation

Provide as an appendix, a copy of the bylaws or other appropriate documents and indicate the page number(s) in formally approved documents (e.g., bylaws or other policy documents) where each of the following is described, and note when and by whom each of these documents was last reviewed and approved:

1. Responsibilities and privileges of the dean and other administrative officers

Appendix title and number	
Page number(s)	
Place ✓ if not available	

2. Responsibilities and privileges of the faculty

Appendix title and number	
Page number(s)	
Place ✓ if not available	

3. Names and terms of reference of major standing committees

Appendix title and number	
Page number(s)	
Place ✓ if not available	

IS-4: Conflict of Interest

A medical school establishes and follows effective policies and procedures to govern the actions of board members, faculty and any other individuals who participate in decision-making that affects the medical education programme in order to avoid the impact of conflicts of interest in the operation of the programme, its associated clinical facilities and any other related enterprise.

Narrative Response

- a. Place an “X” next to each entity for which the school’s institutional governing board is directly responsible:

<input type="checkbox"/>	University system
<input type="checkbox"/>	Sponsoring Organisation/Parent company
<input type="checkbox"/>	Health science centre
<input type="checkbox"/>	Medical school
<input type="checkbox"/>	Other (describe):

- b. If the school’s institutional governing board is responsible for any units in addition to the medical school (e.g., other colleges), is there a separate/subsidiary board or board committee for the medical school?

- c. Is the medical school part of a for-profit, investor-owned entity? If so, identify any board member(s), administrators, or faculty members who are shareholders/investors/administrators in the holding company for the medical school.

- d. Place an “X” next to each area in which the medical school or sponsoring organisation has a faculty conflict of interest policy:

<input type="checkbox"/>	Conflict of interest in research
<input type="checkbox"/>	Conflict of private interests of faculty with academic/teaching/responsibilities
<input type="checkbox"/>	Conflict of interest in commercial support of continuing medical education

- e. Describe the strategies for identifying and managing actual or perceived conflicts of interest for the following groups:

1. Governing board members
2. Sponsoring organisation administrators
3. Medical school administrators
4. Medical school faculty

- f. What mechanisms are used to ensure and monitor that the requirements of the conflict-of-interest policies are being followed?

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- g. Summarise the policies that deal with circumstances in which the private interests of faculty members or staff may be in conflict with their official responsibilities.

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- h. Describe procedures taken by the school, the university, or the sponsoring organisation if the private interests of faculty members or staff are found to be in conflict with their official responsibilities.

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Supporting Documentation

- Provide as an appendix, document(s) outlining policies and procedures intended to prevent or address financial or other conflicts of interest among governing board members, sponsoring organisation administrators, medical school administrators, and medical school faculty (including recusal from discussions and/or decisions if a potential conflict occurs).

Appendix title and number	
Page number	
Place ✓ if not available	

IS-5: Senior Administrative Staff and Faculty Appointments

The senior administrative staff and faculty of a medical school are appointed by, or on the authority of, the governing board of the school or parent university to which it belongs.

Supporting Data

Table IS-5.1: Appointments			
Complete this table for each category of appointee by inserting an X in the appropriate box. If delegated to another authority, specify who is the other authority.			
Category of Appointee	Appointment solely by Board of Trustees or equivalent Board	Appointment delegated by the Board to another Authority	Appointment independent of Board of Trustees or equivalent Board
Medical School Dean			
Medical School Senior Administrators *			
Medical School Faculty			

*Associate and assistant deans, department chairs, directors of institutes, chief operating officer, chief financial officer

IS-6: Access and Authority of the Dean

The dean of a medical school has sufficient and ready access to the school's president or other institutional official charged with final responsibility for the medical education programme; there is a clear definition of the dean's authority and responsibility for the medical education programme.

Narrative Response

- a. Summarise the dean's formal (organisational) and informal interactions with and access to sponsoring organisation and health system administrators. Provide examples to illustrate that the dean interacts with these administrators in discussions of and planning related to the needs of the medical education programme.

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- b. Through what formal mechanisms does the dean exercise authority over faculty who participate in the medical education programme but who are not employed by the medical school?

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Supporting Documentation

1. Provide as an appendix, the organisational chart(s) illustrating the relationship of the medical school dean to sponsoring organisation administration and to the administrators of the health system, health science centre and/or affiliated teaching hospitals (if relevant).

Appendix title and number	
Page number	
Place ✓ if not available	

2. Provide as an appendix, the Dean's position description from bylaws or other policy document. If the dean has an additional role (e.g., vice president for health/academic affairs, provost), include that position description as well.

Appendix title and number	
Page number	
Place ✓ if not available	

IS-7: Responsibility of and Reporting to the Dean

The dean/designated chief academic officer (CAO) of a medical school with one or more regional campuses* is administratively responsible for the conduct and quality of the entire medical education programme and for ensuring the adequacy of faculty and educational resources at each such campus. The principal academic officer at each campus is administratively responsible to the dean.

Note that only schools operating one or more regional campus(es) should respond to this item.

** See Glossary of terms.*

Supporting Data

- a. Provide the information requested for each regional campus (add rows as needed).

Campus	Location	Phase(s)* of the Curriculum Taught at the Campus	Title of Principal Academic Officer

* Phases of the curriculum (pre-clerkship, clerkship/clinical)

Narrative Response

- a. Describe the reporting relationship between the Chief Academic Officer (CAO) and the principal academic officer at each regional campus.

- b. Describe how the medical school CAO oversees the following:

1. the conduct and quality of the medical education programme at all regional campuses
2. the adequacy of campus faculty in terms of numbers and areas of expertise
3. the adequacy of resources (e.g., patient volume and type, infrastructure, facilities)

- c. Provide one example of how the dean/CAO was involved in addressing a problem related to campus educational programme conduct and quality.

- d. Describe the reporting relationships of other campus administrators (e.g., student affairs) to administrators at the central (administrative) campus.

- e. Describe the ways in which the principal academic officer(s) at regional campus(es) are integrated into the administrative structures of the medical school (e.g., as a member of the Executive Committee/Dean's Cabinet).

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Supporting Documentation

1. Provide as an appendix, the description of the post/role of principal academic officer at the regional campus(es).

Appendix title and number	
Page number	
Place ✓ if not available	

Proposed

IS-8: Qualifications of the Dean

The dean of a medical school is qualified by education, training, and experience to provide effective leadership in medical education, scholarly activity, matters pertaining to patient care, and other stated missions of the medical school.

Narrative Response

- a. List the missions of the medical school (e.g., education, research) for which the dean has formal leadership responsibility.

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- b. Provide a summary of the dean's experience and qualifications to provide leadership in each of the medical school's missions for which the dean has responsibility.

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- c. Provide the percentage time during the normal working hours the dean is physically present at the basic sciences campus. If the dean has more than one office specify the location for and percentage time, she/he is physically present at each location.

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Supporting Documentation

1. Provide as an appendix, the Dean's curriculum vitae.

Appendix title and number	
Page number	
Place ✓ if not available	

IS-9: Sufficiency and Stability of Administrative Staff

A medical school has in place a sufficient number of suitably experienced associate or assistant deans, department chairs and senior administrative staff who are able to commit the necessary time to accomplish effectively the missions of the medical school. There should not be excessive turnover or long-standing vacancies in medical school leadership. Medical school leaders include the dean, vice / associate deans, department chairs, and others where a vacancy could negatively impact institutional stability, especially planning for or implementing the educational programme.

Areas that commonly require administrative support include admissions, student affairs, academic affairs, faculty affairs, graduate education, continuing education, hospital relationships, research, business and planning, department chairs, and fund raising.

Narrative Response

- a. If any members of the dean's administrative staff hold interim/acting appointments, describe the status and timeline of recruitment efforts to fill each of the position(s).

- b. If there are any department chair vacancies, including interim/acting chairs, describe the status and timeline of recruitment efforts to fill the position(s).

- c. Describe any processes used to evaluate department chairs and senior administrative staff.

- d. Provide the dates for the appointments and departures of the dean for the last 10 academic years.

Supporting Data**A. Staffing**

Table IS 9.1: Dean's Administrative Staff				
Provide the requested information in the table below for each current member of the dean's administrative staff with deputy/vice/associate/assistant dean or director titles. In the case of interim/acting appointments, provide the date that the previous incumbent left office. Add rows as needed.				
Name of incumbent	Title	% Effort dedicated to administrative role	Date appointed	For acting/interim staff, date previous incumbent left

Table IS-9.9: Responsiveness to Student Concerns - Deputy/Assoc./Assistant Dean of/for Educational Programme

Provide data from the self-study by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).

Medical School Class	Total Number of Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % Dissatisfied or Very Dissatisfied		Number and % Satisfied or Very Satisfied	
	N	%	N	%	N	%	N	%
Year 1								
Year 2								
Year 3								
Year 4								
Year 5								
Total								

Supporting Documentation

1. Provide as an appendix, an organisational chart for the Office of the Dean

Appendix title and number	
Page number	
Place ✓ if not available	

IS-10: Functional Integration of the Faculty

At a medical school with one or more teaching sites/campuses, the faculty and staff at each site/campus, including clinical faculty at affiliated hospitals, are functionally integrated by appropriate mechanisms (e.g., regular meetings and/or communication, periodic visits, participation in shared governance and data sharing) which permits them to work together in teaching, research and administrative capacities.

Narrative Response

- a. Describe how faculty members in each discipline are functionally integrated across regional campuses, if applicable, and clinical sites that are distant from the medical school at the department and medical school levels, including activities such as joint faculty meetings/retreats and visits by departmental and medical school (e.g., dean, dean's staff) leadership. Provide examples of the occurrence of such activities in the past two years.

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- b. Describe how medical school policies and/or faculty bylaws support the participation of faculty based at all teaching sites in medical school governance (e.g., committee membership).

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- c. List the number of faculty member(s) and/or senior administrative staff member(s) based at the regional campus(es) and clinical teaching sites currently serving on each of the major standing committees of the medical school as specified in institutional bylaws/policies.

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Supporting Documentation

1. Provide as an appendix, the organisational chart(s) illustrating the relationship of the site directors of pre-clerkship courses to course directors (if relevant).

Appendix title and number	
Page number	
Place ✓ if not available	

2. Provide as an appendix, the organisational chart(s) illustrating the relationship of clerkship site directors to clerkship directors (if relevant).

Appendix title and number	
Page number	
Place ✓ if not available	

IS-11: Diversity Policies and Practices

A medical school has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to achieve diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of its academic community.

Supporting Data

Table IS-11.1: Diversity Categories		
Provide the specific diversity categories identified in medical school policies that guide recruitment and retention activities for medical students, faculty, and senior administrative staff. Add rows as needed. Note that the medical school may use different diversity categories for each of these groups. If any category requires a definition (e.g., the specific definition of “rural” or “socioeconomically disadvantaged”), provide it in the final row below.		
Medical Students	Faculty	Senior Administrative Staff*

*See CAAM-HP *Glossary of Terms and Abbreviation* for the definition of senior administrative staff.

Table IS-11.2: Students, Faculty, and Senior Administrative Staff				
Provide the requested information for the last academic year on the number and percentage of enrolled students, employed faculty, and senior administrative staff in each of the school-identified diversity categories (as defined in Table IS-11.1 above). If the diversity categories differ among the groups, include the category for each group in a separate row and provide the data in the corresponding row.				
School-identified Diversity Category	First year Students Number (%)	All Students Number (%)	Employed/ Full-Time Faculty Number (%)	Senior Administrative Staff Number (%)

Narrative Response

- a. Describe the school’s policies related to the recruitment and retention of medical students from school-defined diversity categories. In the description, include the following:
 1. Funding sources that the medical school has available
 2. The individuals responsible for these activities, the time commitment and of each and where they are located (e.g., the medical school dean’s office, an office of the sponsoring organisation)

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- b. Describe the programmes related to the recruitment and retention of faculty and senior administrative staff from school-defined diversity categories. In the description, include the following:
1. Funding sources that the medical school has available
 2. The individual responsible for these activities, the time commitment of each and where they are located (e.g., the medical school dean's office, an office of the sponsoring organisation)

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- c. Describe how the medical school monitors and evaluates the effectiveness of its policies for developing school-identified diversity outcomes in its students, faculty and senior administrative staff.

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Supporting Documentation

1. Provide as an appendix formal medical school policies that include the specific diversity categories that guide recruitment and retention activities for the student body, faculty, and senior administrative staff.

Appendix title and number	
Page number	
Place ✓ if not available	

IS-12: Antidiscrimination Policy

A medical school has a policy in place to ensure that it does not discriminate on the basis of age, disability, gender identity, national origin, race, religion, sex, sexual orientation or any basis protected by federal law or the laws of the country in which the school operates.

Narrative Response

- a. Describe how the medical school's antidiscrimination policy is made known to members of the medical education community.

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Supporting Documentation

1. Provide as an appendix, the medical school's formal antidiscrimination policy (or the sponsoring organisation's policy that applies to the medical school).

Appendix title and number	
Page number	
Place ✓ if not available	

IS-13: Affiliation Agreement

There must be written and signed affiliation agreements between the medical school and all of its clinical affiliates where the school's medical students regularly rotate on one or more required clerkship(s) that define, at a minimum, the responsibilities of each party related to the educational programme for medical students.

Affiliation agreements must be signed and dated by the appropriate official of the school and the affiliated site and address; at a minimum, the following areas:

1. *The assurance of student and faculty access to appropriate resources for medical student education.*
2. *The primacy of the medical school over academic affairs and the education / assessment of students.*
3. *The role of the medical school in appointment / assignment of faculty members with responsibility for medical student teaching and evaluation.*
4. *Specification of the responsibility for treatment and follow-up when students are exposed to infectious or environmental hazards or other occupational injuries.*
5. *The role of the school and the clinical site to ensure an appropriate learning environment.*

Supporting Documentation

- a. For each clinical teaching site used for the inpatient portion of required clinical clerkships, including hospitals in the medical school's/university's own health system, provide the page number(s) in the current affiliation agreement where passages containing the following information 1-5 (see above) appear. In cases where the medical school and the health system are one and the same, the requested information may refer to an executed letter of commitment. Insert "None" if any of the items in the six (6) columns is not present. (Add rows as needed.)

Table IS-13.1 Clinical teaching site	Date agreement last signed	Page Number(s) in Agreement				
		1. Access to resources	2. Primacy of programme	3. Faculty appointments	4. Environmental hazard	5. Learning environment

Note: The medical school has all affiliation agreements available on request.

END OF SECTION 1

SECTION 2
MEDICAL STUDENTS (MS)

Proposed

MS-1: Premedical Education Required/Coursework

Through its requirements for admission, a medical school prioritises applicants who have broad undergraduate education that includes the study of the humanities, natural sciences, and social sciences; and confines its specific premedical course requirements to those deemed essential preparation for successful completion of its medical curriculum.

Supporting Data

Table MS-1.1: Applicants and Matriculants					
Provide data for the immediate past five (5) designated academic years on the total number of initial applications received in the admissions office, completed applications, applicants interviewed, acceptances issued, and new medical students matriculated for the first year of the medical curriculum.					
	AY	AY	AY	AY	AY
Initial applications					
Completed applications					
Applicants interviewed					
Acceptances issued					
New students matriculated					
Repeating students matriculated					
Total first year class					

Table MS-1.2: Entering Student Mean GPA (GPA = GPA prior to acceptance)					
Provide the mean overall premedical GPA for new (not repeating) first year medical students in the immediate past five (5) years entering classes. If using a weighted GPA, please explain how the weighted GPA is calculated in the last row of the table.					
	AY	AY	AY	AY	AY
Overall GPA					
Weighted GPA (if applicable).					
How weighted GPA is calculated					

Table MS-1.3: Medical School Enrollment by Cohort						
Provide the total number of enrolled first year medical students (include students repeating the academic year) for each cohort for the past five (5) years. Provide the month for the start of each cohort and the total enrollment for the year.						
	Month	AY	AY	AY	AY	AY
Cohort 1						
Cohort 2						
Cohort 3						
Total first year enrollment						

Table MS-1.4: Medical School Enrollment					
Provide the total number of enrolled first year medical students (include students repeating the academic year), the number of final-year students eligible to graduate in that academic year, and the total number of medical students enrolled at the school for the indicated academic years. For students in dual-degree programmes, only include those currently participating in the medical curriculum.					
	AY	AY	AY	AY	AY
First year students					
Final year graduating students					
Total enrollment – all classes					

Table MS-1.5: Medical Student Nationality – past year								
Provide the number (N) and % of students enrolled in each category for the most recently completed academic year. Regional refers to non-nationals but from CARICOM countries. PR refers to permanent resident (Green Card Holder)								
	National		Regional		Extra-Regional		US Citizens/PR	
	N	%	N	%	N	%	N	%
First year								
All years								

Table-MS-1.6: Student Gender				
Provide the number and percentage of students enrolled in the school who identify themselves as females and as males				
	Female		Male	
	Number	%	Number	%
First-year				
All students				

Narrative Response

- a. List all the college courses or subjects, including associated laboratories, which are required as prerequisites for admission to the medical school.

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- b. List any courses or subjects that the medical school recommends, but does not require, as prerequisites for admission.

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- c. Describe how often and by whom premedical course requirements are reviewed. What information is used to guide decisions about the appropriateness of premedical course requirements and to determine if changes are needed?

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Narrative Response

- a. Describe any programme for academic enrichment for accepted or provisionally accepted students who are at risk for less than satisfactory performance in medical school. Include at-risk students based on performance on the MCAT. Provide outcome data of such programme for the past three years.

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- b. If the medical school admitted one or more students who sat for the MCAT more than 3 times during the past five years, provide the number of students who were accepted for admission during those years and describe the circumstances surrounding the admission decision for each of those students. Provide outcome data for those students for the past three years.

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Supporting Documentation

1. Provide as an appendix, the document that shows the school's requirements for applicants' performance on the MCAT to be eligible for admission and specify the page number.

Appendix title and number	
Page number	
Place ✓ if not available	

MS-3: Final Authority of Admission Committee

The final responsibility for accepting students to a medical school rests with a formally constituted admission committee. The authority and composition of the committee that includes faculty, administrators, and students and the rules for its operation, including voting privileges and the definition of a quorum, are specified in bylaws or other medical school policies. Faculty members constitute the majority of voting members at all meetings.

Narrative Response

- a. Describe the size and composition of the medical school admission committee, including the categories of membership (e.g., faculty, students, medical school administrators, community members) and the specified number of members from each category. If there are subcommittees of the admission committee, describe their composition, role, and authority.

- b. Provide the definition of a quorum for admission committee meetings. How does the admission committee process ensure that faculty members constitute a majority of voting members at all meetings?

- c. Identify the current chair of the admission committee, including the chair's faculty and/or administrative title(s). How is the chair selected?

- d. Summarise the charge to the admission committee and the source of the committee's authority (e.g., medical school bylaws). Are there circumstances where the admission committee does not make the final admission decision (e.g., selection of applicants for admission from the waitlist)? In such cases, note if the admission committee already has classified such applicants as acceptable.

- e. Have there been any circumstances when the final authority of the admission committee has been challenged, overruled, or rejected? If so, what individual or group has overruled/rejected the admission committee decision?

- f. Provide an excerpt from the medical school bylaws or other formal policy document that specifies the authority of, charge to, composition of the admission committee and its subcommittees (if any), the rules for its operation, and definition of a quorum at meetings.

Table MS-3.1: Composition of the Admission Committee					
Place an "X" in the appropriate column. Type (v) if the member has voting privileges next to the name in the first column. In the final column (Staff/Other), specify the category, e.g., Librarian, Alumnus. Add rows as needed.					
Name	Category of Staff				
	Faculty	Administrator with Faculty Appointment*	Administrator without Faculty Appointment*	Student	Staff/Other

*Does not include department chairs and course/clerkship directors

Supporting Documentation

1. Provide as an appendix, the document that contains the composition of and charge to the admission committee and specify the page number.

Appendix title and number	
Page number	
Place ✓ if not available	

MS-4: Avoidance of Political or Financial Considerations in Admission

The selection of individual medical students for admission is not influenced by any political or financial factors.

Narrative Response

- a. Describe how the medical school ensures that there are no conflicts of interest in the admission process and that no admission decisions are influenced by political or financial factors.

- b. Describe how the admission committee responds to requests from persons for applicants to be interviewed and/or for applicants to be offered admission to the medical school.

Proposed

MS-5: Policies and Procedures Regarding Student Selection and their Dissemination

The faculty of a medical school establish criteria for student selection and develop and implement effective policies and procedures regarding, and make decisions about, medical student application, selection, admission, assessment, promotion, graduation, and any disciplinary action. The medical school makes available to all interested parties its criteria, standards, policies, and procedures regarding these matters.

Narrative Response

- a. Describe by whom and when the policies, procedures, and criteria for medical student selection were last reviewed and approved, and how they are disseminated to potential and actual applicants, their advisors, and the public.

- b. Describe the process for orientation of members of the admission committee to the policies and procedures of the admission of students. Provide the name(s) and expertise of who conduct(s) the orientation and how often it is offered.

- c. Describe the steps in the admissions process, beginning with receipt of the initial application. For each of the following steps describe the procedures and criteria used to make the relevant decision and the individuals and groups (e.g., admission committee or subcommittee, interview committee) involved in the decision-making process:

- i) Preliminary screening for applicants to receive the secondary/supplementary application.

- ii) Selection for the interview

- iii) The results of the interview (e.g., interview “score” or outcome result)

- iv) The acceptance decision

- v) The creation of the wait list

- vi) The offer of admission, including how applicants are accepted from the wait list.

- d. Describe the role of the medical school admission committee in the selection of applicants for joint baccalaureate-MD programme(s) or dual degree programme(s) (e.g., MD/PhD), if these are present.

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- e. Describe how and by whom the policies for the assessment, advancement, and graduation of medical students and the policies for disciplinary action are reviewed and are made available to medical students and to faculty.

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- f. Describe how applicants are selected for conditional acceptance- e.g., selected for enrolment in an academic enhancement programme prior to matriculation.

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Supporting Documentation

1. Provide as an appendix, the school's policies and procedures for the selection, assessment, advancement, graduation, and dismissal of medical students.

Appendix title and number	
Page number	
Place ✓ if not available	

2. Provide as an appendix, the charge to or the terms of reference for the medical student promotions and graduation committee(s). Copy and complete this table if the two committees are different.

Appendix title and number	
Page number	
Place ✓ if not available	

MS-6: Personal Attributes of Accepted Applicants

A medical school selects applicants for admission who possess the intelligence, integrity, and personal and emotional characteristics necessary for them to become competent empathetic physicians.

Narrative Response

- a. Describe the personal attributes of applicants considered during the admission process. Describe how and by whom the current list of attributes was developed and approved.

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- b. Describe the methods used during the admission process to evaluate and document the specified personal attributes of applicants. Refer to the admission procedures as outlined in Standard MS-5 (Policies and Procedures Regarding Student Selection and Their Dissemination) to illustrate at what stage of the admission process, how, and by whom these attributes are assessed and used in the admission decision.

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Supporting Documentation

1. Provide as an appendix, any standard form(s) used to guide and/or to evaluate the results of applicant interviews.

Appendix title and number	
Page number	
Place ✓ if not available	

MS-7: Technical Standards

A medical school develops and publishes technical standards for the admission, retention, and graduation of applicants or medical students in accordance with legal requirements.

Narrative Response

- a. Describe when and by whom the technical standards were last reviewed and approved.

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- b. Describe how the technical standards for admission, retention, and graduation are disseminated to potential and actual applicants, enrolled medical students, faculty, and others.

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- c. Describe how and when medical school applicants and enrolled medical students are expected to document that they are familiar with and capable of meeting the technical standards with or without accommodation (e.g., by formally indicating that they have received and reviewed the standards). How and by whom is this student documentation monitored?

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- d. Indicate how applicants, students, faculty, and administrators can access the information on technical standards.

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Supporting Documentation

1. Provide as an appendix, the medical school's technical standards for the admission, retention, and graduation of applicants and students.

Appendix title and number	
Page number	
Place ✓ if not available	

MS-8: Content of Informational Materials

A medical school's academic bulletin and other informational, advertising, and recruitment materials present a balanced and accurate representation of the mission and objectives of the medical education programme, state the academic and other (e.g., immunisation) requirements for the MD/MBBS degree and all associated joint degree programmes, provide the most recent academic calendar for each curricular option, and describe all required courses and clerkships offered by the medical education programme.

Narrative Response

- a. Describe how often and by whom informational materials about the medical education programme are updated. How does the leadership/administration of the medical education programme ensure that the materials are complete, accurate, and timely?

--

- b. Describe how recruitment materials about the medical education programme are made available (e.g., online, in published media, as hard copy documents/brochures) to potential and actual applicants, career advisors, and the public.

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- c. Indicate where any recruitment materials related to the medical school are available to the public.

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Supporting Documentation

1. Provide as an appendix, the current medical school academic bulletin (or similar documents) that contain the items i-iv below and indicate where in the bulletin, or other informational materials available to the public, the following information can be accessed:

- i. Medical education programme mission and programme objectives.

Appendix title and number	
Page numbers	
Place ✓ if not available	

- ii. Admission and completion requirements (academic and other) for the MD/MBBS degree and for joint degree programmes if offered.

Appendix title and number	
Page numbers	
Place ✓ if not available	

iii. Academic calendar for each curricular option (if applicable).

Appendix title and number	
Page numbers	
Place ✓ if not available	

iv. Required course and clerkship descriptions.

Appendix title and number	
Page numbers	
Place ✓ if not available	

Proposed

MS-9: Transfer Students

A medical school ensures that any student accepted for transfer or admission with advanced standing demonstrates academic achievements, completion of relevant prior coursework, and other relevant characteristics comparable to those of the medical students in the class that he or she would join.

Note that transfer students who do not complete all of their required curriculum from medical schools chartered and located in the Caribbean which are accredited by CAAM-HP, the LCME, or by the COCA, cannot be said to have graduated from a CAAM-HP-accredited medical education programme.

Supporting Data

Table MS-9.1: Transfer/Advanced Standing Admissions								
Provide the number of transfer students and students with advanced standing admitted from the programme types listed below into the first, second, third-, and final-year curriculum during the past two (2) academic years. Specify the AY.								
Transferred From	Year 1		Year 2		Year 3		Final Year	
	AY	AY	AY	AY	AY	AY	AY	AY
CAAM-HP-accredited, MD/MBBS-granting medical school								
LCME-accredited, MD-granting medical school								
COCA-accredited, DO-granting medical school								
Schools not accredited by CAAM-HP, LCME, or COCA								
Non-MD/MBBS-granting graduate or professional degree programme								

Table MS-9.2: Graduates completing part of their programme from non-accredited schools. *					
Provide the number of students who did not complete all of their required curriculum from medical schools chartered, accredited by CAAM-HP and located in the Caribbean, by the LCME, or by a COCA-accredited medical school who graduated from this medical school during the past five (5) years.					
Academic Year	AY	AY	AY	AY	AY
Number					

*Schools that are not accredited by CAAM-HP, LCME, or COCA

Narrative Response

- a. Describe the procedures used for selecting applicants for transfer or for admission with advanced standing, including the procedures used to determine the comparability of the applicants' educational experiences and prior academic achievement to those of medical students in the class that they would join. List the criteria (e.g., curriculum of the programme the applicant is leaving, GPA, USMLE scores, MCAT scores) that are considered in making the determination of comparability.

- b. Describe the role of the admission committee, members of the medical school administration, and others (as relevant) in making the decision to accept applicants for transfer or for admission with advanced standing.

- c. Describe how policies and procedures related to transfer/admission with advanced standing are made available to potential applicants for transfer and advanced standing, their advisors, and the public.

- d. Summarise the medical school policies and procedures related to transfer and admission with advanced standing.

Supporting Documentation

1. Provide as an appendix, the document and page number of the medical school policies and procedures related to transfer and admission with advanced standing.

Appendix title and number	
Page number	
Place ✓ if not available	

MS-10: Final Year Transfer Students

A medical school accepts a transfer medical student into the final year of a medical education programme only in rare and extraordinary personal or educational circumstances.

Narrative Response

- a. If the medical school admitted one or more transfer students to the final year of the curriculum during the past five years, provide the number of students who were accepted for transfer during those years and describe the circumstances surrounding those admission decisions.

See MS-9 - Transfer Students

Proposed

MS-11: Policies and Procedures for Visiting Students and Students Rotating with the School's Medical Students.

A medical school does all of the following:

- **Verifies the credentials of each visiting medical student.**
- **Ensures that each visiting medical student demonstrates qualifications comparable to those of the medical students the visiting student would join in educational experiences.**
- **Maintains a complete roster of visiting medical students.**
- **Approves each visiting medical student's assignments.**
- **Provides a performance assessment for each visiting medical student.**
- **Establishes health-related protocols for such visiting medical students.**
- **Identifies the administrative office that fulfils each of these responsibilities.**
- **Ensures that medical students from other schools rotating with the school's medical students are from schools accredited by CAAM-HP, by the LCME, or by COCA.**

See MS-9 and MS-10 – Transfer Students and ER-10 – Resources Used by Transfer, Visiting Students, and Students from Other Schools.

Narrative Response

- a. Describe the procedures and criteria used by the medical school to determine if a potential visiting medical student has qualifications, including educational experiences, comparable to those of the school's medical students. Identify the medical school, university, or other office that is responsible for reviewing and making the decision about comparability.

- b. Describe the procedures by which the medical school grants approval for medical students from other medical schools to take electives at the institution. Include the following information in the description.
- i. How and by whom the academic credentials and immunisation status of visiting students are verified.

- ii. How the medical school ensures that there are adequate resources (including clinical resources) and appropriate supervision at the site for both the visiting students and the medical school's own students.

- iii. How the medical school ensures that a performance assessment is provided for each visiting student.

- c. Identify the medical school or university staff member(s) who is/are responsible for maintaining an accurate and up-to-date roster of visiting medical students. List the types of information included in the roster of visiting medical students (provide a standardised template for the roster, if available).

- d. Describe how the school ensures that medical students from other schools rotating with the school's medical students are from schools accredited by CAAM-HP, by the LCME, or by COCA. If there are students from other medical schools rotating with students from this medical school, describe how the school is assured that the school's curriculum is followed.

Proposed

MS-12: Student Assignment

A medical school assumes ultimate responsibility for the selection and assignment of medical students to each location and/or parallel curriculum (i.e., track) and identifies the administrative office that fulfills this responsibility. A process exists whereby a medical student with an appropriate rationale can request an alternative assignment when circumstances allow for it.

Narrative Response

- a. Describe the timing and process for medical student assignment to an instructional site or parallel curriculum in the following circumstances, as relevant. In the description, include how and by whom the final decision about assignment is made. Note the ability of students to select or rank options.

i. A clinical site (e.g., a hospital) for an individual clerkship.

ii. A regional campus that includes only the clerkship (clinical years) phase of the curriculum – if applicable.

iii. A regional campus that includes the pre-clerkship phase of the curriculum or all years of the curriculum– if applicable.

iv. A parallel curriculum (“track”) located on the central medical school campus or at a regional campus– if applicable.

- b. Describe if, in any of the circumstances above, medical students have the opportunity to negotiate with their peers to switch assignment sites or tracks after an initial assignment has been made but before the experience has begun.

- c. Describe the procedures whereby students can formally request an alternative assignment through a medical school administrative mechanism either before or during their attendance at the site/in the track. Describe the criteria used to evaluate the request for the change and indicate the individual(s) responsible for making the decision. Describe how medical students are informed of the opportunity to request an alternative assignment and about the process for making the request.

Supporting Documentation

1. Provide as an appendix, the medical school policy/procedure allowing a medical student to request an alternative educational site or curriculum assignment.

Appendix title and number	
Page number	
Place ✓ if not available	

Proposed

MS-13: Academic Advising and Academic Counseling

A medical school has an effective system of academic advising in place for medical students that integrates the efforts of faculty members, course and clerkship directors, and student affairs staff with its counseling and tutorial services and provides medical students academic counseling only from individuals who have no role in making assessment or promotion decisions about them.

Supporting Data

Table MS-13.1: Satisfaction with Availability of Academic Counseling by Curriculum Year								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined). If the medical school has one or more regional campuses, provide the data by campus.								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 1								
Year 2								
Year 3								
Year 4								
Year 5*								
Total								

*For schools that offer 5-year educational programme

Table MS-13.2: Satisfaction with Availability of Tutorial Help by Curriculum Year								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined). If the medical school has one or more regional campuses, provide the data by campus.								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 1								
Year 2								
Year 3								
Year 4								
Year 5*								
Total								

*For schools that offer 5-year educational programme

Table MS-13.3: Academic Advising at Regional Campuses and Distant Clinical Sites					
Indicate how the following services are made available to students at each regional campus and each clinical site by placing an “X” in the appropriate columns(s). Select all that apply for each service. Add two additional rows for each campus and each clinical site.					
Services	Campus/Clinical Site	Available to Students Via			
		Personnel Located on Campus	Visits from Central Campus Personnel	Email or Videoconference	Student Travel to Central Campus
Academic counseling					
Tutoring					

Narrative Response

- a. How and when are medical students experiencing academic difficulty or at risk for academic difficulty identified? Is there a process for identifying students who are likely to be or are in academic difficulty before they receive a failing final course/clerkship grade?

- b. Describe the types of academic assistance available to medical students (e.g., tutoring, academic advising, study skills/time management workshops). For each type of assistance available to students, summarise the role and organisational locus (e.g., medical school, university, other) of the individual(s) who provide this support and the way(s) in which medical students can gain access to each of the resources. How are medical students informed about the availability of these resources? Schools with regional campus(es) should provide this information by campus.

- c. Describe how the medical school provides an option for medical students to obtain academic counselling from individuals who have no role in assessment or advancement decisions about them, including individuals who prepare the MSPE.

- d. Does the school have a programme for academic enrichment for selected applicants or accepted students prior to matriculation or immediately on matriculation. If so, provide a description of the programme and outcome data for the past three years.

MS-14: Career Advising

A medical school has an effective career advising system in place that integrates the efforts of faculty members, clerkship directors, and student affairs staff to assist medical students in choosing elective courses, evaluating career options, and applying to residency programmes.

Supporting Data

Table MS-14.1: Career Advising at Regional Campuses and Distant Clinical Sites				
Indicate how career advising is made available to students at each regional campus and each clinical site by placing an “X” in the appropriate columns(s). Select all that apply. Add additional rows for each campus and each clinical site.				
Name of Campus	Available to Students Via			
	Personnel Located on Campus	Visits from Central Campus Personnel	Email or Videoconference	Student Travel to Central Campus

Table MS-14.2: Satisfaction with the Adequacy of Career Advising								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined). If the medical school has one or more regional campuses, provide the data by campus.								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 1								
Year 2								
Year 3								
Year 4								
Year 5*								
Total								

*For schools that offer 5-year educational programme

Table MS-14.3: Satisfaction with the Adequacy of Advising about Elective Choices

Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined). If the medical school has one or more regional campuses, provide the data by campus.

Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 1								
Year 2								
Year 3								
Year 4								
Year 5*								
Total								

*For schools that offer 5-year educational programme

Table MS-14.4: Optional and Required Career Advising Activities

Indicate whether career advising was required (R) or optional (O). Schools with regional campus(es) should provide the information for each campus.

Career Information and Advising Activities				
Year 1	Year 2	Year 3	Year 4	Year 5*

Schools with regional campus(es) should provide the information by adding a table for each campus.

*For schools that offer 5-year educational programme

Narrative Response

- a. Provide an overview of the system of career advising for medical students. In the description, include the personnel from the medical school administration, faculty (e.g., career advisors, specialty advisors), and other sites (e.g., a university career office, outside consultants) available to support the medical student career advising system and the role(s) played by each. Provide the title(s) and organisational placement(s) of the individual(s) responsible for the management/coordination of the career advising system.

- b. Describe how the faculty involved in career advising are oriented to the policies and practices of the medical student career advising system.

- c. How are the different groups of individuals (e.g., faculty specialty advisors) involved in career advising trained for their specific role in the career advising system?

- d. Provide a description of the print and/or online resources used by medical students and their career advisors to support the students' career investigations.

- e. Identify the individual(s) who are primarily responsible for providing guidance to medical students on their choice of intramural and extramural electives during each year of the curriculum. List the role(s) or title(s) (e.g., student affairs dean, college advisor, departmental faculty advisor) of the individual(s) responsible for the formal approval of medical students' elective choices. Describe any formal (required) sessions where counselling on electives occurs.

- f. List the individual(s) primarily responsible for the preparation of the Medical Student Performance Evaluation (MSPE) or equivalent if applicable. Describe the opportunities for medical students to request another MSPE writer.

Proposed

MS-15: Financial Aid/Debt Management Counseling/Student Educational Debt

A medical school provides its medical students with effective financial aid and debt management counseling and has mechanisms in place to minimise the impact of direct educational expenses (i.e., tuition, fees, books, supplies) on medical student indebtedness.

Supporting Data

Table MS-15.1: Tuition fees and scholarships				
For the current and past three academic years, provide the total tuition and fees for entering national, regional and extra-regional students and the percent of institution scholarship students in those years.				
	AY	AY	AY	AY
National				
Regional				
Extra-regional				
US citizens & PR				
Transfer and elective				
Total tuition & fees				
Percent students receiving scholarships				

Table MS-15.2: Tuition and Fees					
Provide the total tuition and fees assessed to first year medical students (both for in-state residents and out-of-state non-residents) for the current and the four (4) most recent academic years. Include the medical school's health insurance fee, even if that fee is waived for a student with proof of existing coverage.					
	AY	AY	AY	AY	AY
In-state/ country					
Out-of-state/ country					

Table MS-15.3: Support Services at Regional Campuses or at clinical sites in another country				
Use the table below to indicate how the following services are made available to students at each teaching site by placing an "X" in the appropriate columns(s). Duplicate the blank table as necessary for each additional regional campus or clinical site. <i>Note: this table only applies to schools with regional campus(es) or to schools whose students rotate at clinical sites in another country.</i>				

Name of Campus	Support Services			
Available to Students Via	Personal Counseling	Student Health Services	Student Well-Being Programmes	Financial Aid Management
Personnel Located on Campus/site				
Visits from Central Campus Personnel				
Email or Videoconference				
Student Travel to Central Campus				

Table MS-15.4: Satisfaction with the Quality of Financial Aid Administrative Services								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined). If the medical school has one or more regional campuses, provide the data by campus.								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A		Number and % of Dissatisfied/Very Dissatisfied		Number and % of Satisfied/Very Satisfied	
	N	%	N	%	N	%	N	%
Year 1								
Year 2								
Year 3								
Year 4								
Year 5*								
Total								

*For schools that offer 5-year educational programme

Table MS-15.5: Satisfaction with the Adequacy of Debt Management Counseling								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined). If the medical school has one or more regional campuses, provide the data by campus								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 1								
Year 2								
Year 3								
Year 4								
Year 5*								
Total								

*For schools that offer 5-year educational programme

Table MS-15.6: Financial Aid/Debt Management Activities				
Note whether financial aid and debt management counseling/advising activities (including one-on-one sessions) that were available for medical students in each year of the curriculum was required (R) or optional (O). If the medical school has one or more regional campuses or distant sites for clinical education, list which of the required and optional advising sessions were available (in-person or virtually) at each campus/clinical site during the most recently completed academic year.				
Financial Aid/Debt Management Activities				
Year 1	Year 2	Year 3	Year 4	Year 5*

*For schools that offer 5-year educational programme

Table MS-15.7: Grants, Loans, and Scholarships

Provide the information for students by year of enrollment who received grants, loans, and scholarships during the last academic year.

Total enrolment						
No. of students receiving aid from government agencies						
Percentage of students receiving aid from government agencies						
No. of students receiving grants or scholarships from the institution						
Percentage of students receiving grants or scholarships from the institution						
No. of students receiving grants and scholarships from other sources						
Percentage of students receiving grants and scholarships from other sources						
No. of students receiving educational loans (all sources)						
Percentage of students receiving educational loans (all sources)						
Mean annual cost of attendance per student						
Mean US \$ scholarship/aid from the school						

Narrative Response

- a. Describe financial aid and debt management counseling/advising activities (including one-on-one sessions) that were available for medical students in each year of the curriculum during the last academic year.

i. First year

--

ii. Second year

--

iii. Third year

--

iv. Fourth year

--

v. Fifth year (for schools that offer 5-year educational programme)

--

- b. Describe the staffing of the financial aid office used by medical students.
- i. Note if the financial aid office resides organisationally within the medical school or at another (e.g., the university) level. If the latter, list the other schools/programmes supported by financial aid office staff.
 - ii. Indicate the number of financial aid staff who are available to specifically assist medical students.

- c. Provide a description of the types of debt management informational materials used by medical students and financial aid counsellors. Schools with regional campus(es) should provide this information by campus.

- d. Describe current activities at the medical school or sponsoring organisation/parent company to raise funding for scholarship and grant support for medical students (e.g., a current fund-raising campaign devoted to increasing scholarship resources). Describe the goals of these activities, their current levels of success in obtaining the desired funding, and the timeframe for their completion.

- e. Describe the role of the medical school leadership in controlling tuition and fee increases for medical students. (Also see the response to ER-3.)

- f. Describe other mechanisms that are being used by the medical school and the sponsoring organisation/parent company to limit medical student debt.

MS-16: Tuition Refund Policy

A medical school has clear policies for the refund of a medical student's tuition, fees, and other allowable payments (e.g., payments made for health or disability insurance, parking, housing, and other similar services for which a student may no longer be eligible following withdrawal).

Narrative Response

- a. Briefly describe the tuition and fee refund policy. Describe how the policy is disseminated to medical students.

--

- b. If not included in the tuition and fee refund policy, describe policies related to the refund of payments made for health and disability insurance and for other fees.

--

Supporting Documentation

1. Provide as an appendix, the policy for refunding tuition and fee payments to medical students who withdraw or are dismissed from the medical education programme.

Appendix title and number	
Page number	
Place ✓ if not available	

MS-17: Personal Counseling/Mental Health/Well-Being Programme

A medical school has in place an effective system of counseling services for its medical students that includes programmes to promote their well-being and to facilitate their adjustment to the physical and emotional demands of medical education.

Supporting Data

Table MS-17.1: Satisfaction with the Availability of Student Personal Counseling/Mental Health Services								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined). If the medical school has one or more regional campuses, provide the data by campus.								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 1								
Year 2								
Year 3								
Year 4								
Year 5*								
Total								

*For schools that offer 5-year educational programme

Table MS-17.2: Satisfaction with the Confidentiality of Student Mental Health Services								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined). If the medical school has one or more regional campuses, provide the data by campus.								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 1								
Year 2								
Year 3								
Year 4								
Year 5*								
Total								

*For schools that offer 5-year educational programme

Table MS-17.3: Satisfaction with the Availability of Student Well-Being Programmes								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined). If the medical school has one or more regional campuses, provide the data by campus.								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 1								
Year 2								
Year 3								
Year 4								
Year 5*								
Total								

*For schools that offer 5-year educational programme

Narrative Response

- a. Describe the system for providing personal counselling and mental health services to medical students, including how, by whom (i.e., roles and titles), and where services are provided. Describe how students are informed about the availability of mental health services. *Schools with regional campus(es) should provide the information by campus.*

--

- b. Comment on how the medical school ensures that personal counselling and mental health services are accessible and confidential.

--

- c. Summarise medical school programmes or other programmes designed to support students' well-being and facilitate students' ongoing adjustment to the physical and emotional demands of medical school. Describe how students are informed about the availability of these programmes/activities. *Schools with regional campus(es) should provide the information by campus.*

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MS-18: Provision of MSPE or Equivalent Letter

A medical school provides a Medical Student Performance Evaluation (MSPE) or equivalent letter required for the residency application of a medical student to align with the AAMC/ERAS or equivalent residency application protocol and timeline.

Narrative Response

- a. Provide the earliest date for release by the medical school of the MSPE or its equivalent.

Proposed

MS-19: Confidentiality of Student Educational Record

At a medical school, medical student educational records are confidential and available only to those members of the faculty and administration with a need to know, unless released by the student or as otherwise governed by laws concerning confidentiality.

Narrative Response

- a. How does the medical school maintain students' educational records separately from other relevant records (e.g., health information) to ensure that there is appropriate confidentiality?

--

- b. Describe the physical location(s) where medical student educational records are maintained and how confidentiality is ensured. If medical student records are stored online, describe the mechanisms to ensure their confidentiality and security.

--

- c. Describe how the medical school determines which individuals have permission to review a medical student's educational records. Identify the categories of individuals (e.g., administrators, faculty) who are permitted to review medical student educational records. How does the medical school ensure that student educational records are available only to those individuals who are permitted to review them?

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Supporting Documentation

1. Provide as an appendix, the policy and procedure for a member of the faculty/administration to gain access to a medical student's educational records.

Appendix title and number	
Page number	
Place ✓ if not available	

MS-20: Student Access to Educational Records

A medical school has policies and procedures in place that permit a medical student to review and to challenge the student's educational records, including the Medical Student Performance Evaluation, if the student considers the information contained therein to be inaccurate, misleading, or inappropriate.

Narrative Response

- a. Describe the procedure that medical students must follow in order to review their records. Describe how medical students can review and challenge the following:
- i. Content of the MSPE
 - ii. Course and clerkship data and non-course/clerkship-based assessments (e.g., examination performance, OSCE performance, narrative assessments)
 - iii. Course and clerkship grades

- b. Note if there are any components of medical students' educational records that students are not permitted to review.

- c. Can students gain access to their records in a timely manner? What is the process for and typical timeline for a student to gain access?

- d. Describe how the medical school's policies and procedures related to students' ability to review and challenge their records are made known to students and faculty.

Supporting Documentation

1. Provide as an appendix, the medical school policies and procedures related to medical students' ability to review and challenge their records, including the length of time it takes for students to gain access to their records.

Appendix title and number	
Page number	
Place ✓ if not available	

MS-21: Student Access to Healthcare Services

A medical school provides its medical students with timely access to needed diagnostic, preventive, and therapeutic health services at sites in reasonable proximity to the locations of their required educational experiences and has policies and procedures in place that permit students to be excused from these experiences to seek needed care.

Supporting Data

Table MS-21.1: Satisfaction with the Accessibility of Student Health Services								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined). If the medical school has one or more regional campuses, provide the data by campus.								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 1								
Year 2								
Year 3								
Year 4								
Year 5*								
Total								

*For schools that offer 5-year educational programme

Narrative Response

- a. Describe the current system for providing medical students with access to diagnostic, preventive, and therapeutic health services, including where and by whom (i.e., roles and titles) services are provided. For example, if there is a student health centre, comment on its location, staffing, and hours of operation. If there is no student health centre, how does the school assist students in finding health services? *Schools with regional campus(es) should provide the information by campus.*

- b. Describe how medical students at each instructional site/campus with required educational activities are informed about the availability of and methods to access health services.

- c. Describe how medical students, faculty, and residents are informed of policies that allow students to be excused from classes or clinical activities in order to access health services.

Supporting Documentation

1. Provide as an appendix, the policy or guidance document that specifies that medical students may be excused from classes or clinical activities in order to access health services.

Appendix title and number	
Page number	
Place ✓ if not available	

Proposed

MS-22: Non-Involvement of Providers of Student Health Services in Student Assessment and Security of Student Health Records

The health professionals who provide health services, including psychiatric/psychological counseling, to a medical student are not involved in the academic assessment or promotion of the medical student receiving those services, excluding exceptional circumstances. A medical school ensures that medical student health records are maintained in accordance with legal requirements for security, privacy, confidentiality, and accessibility.

Narrative Response

- a. Describe how the medical school ensures that a provider of health and/or psychiatric/psychological services to a medical student has no current or future involvement in the academic assessment of or in decisions about the promotion of that student. Describe how medical students, residents, and faculty are informed of this requirement.

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- b. If health and/or psychiatric/psychological services are provided by university or medical school service providers, describe where these student health records are stored and how the confidentiality of these records is maintained. Note if any medical school personnel have access to these records.

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Supporting Documentation

1. Provide as an appendix, the policies and/or procedures that specify that providers of health and psychiatric/psychological services to a medical student have no involvement in the academic assessment of or in decisions about the promotion of that student.

Appendix title and number	
Page number	
Place ✓ if not available	

MS-23: Student Health and Disability Insurance

A medical school ensures that health insurance and disability insurance are available to each medical student and that health insurance is also available to each medical student's dependents.

Narrative Response

- a. Indicate how information about health insurance is made available to students. Describe the health insurance options for medical students and their dependents. For example, is there an insurance plan offered through the school/university, does the school provide a list of insurers to the students, etc.?

- b. Indicate how and when disability insurance is made available to medical students. Describe how and when medical students are informed of its availability.

Proposed

MS-24: Immunisation Requirements and Monitoring

A medical school follows the ministry of health or other accepted guidelines in determining the minimum immunisations for medical students in the locations where they study, including electives and monitors students' compliance with those requirements.

Narrative Response

- a. Note the basis for immunisation requirements for medical students (e.g., from the Centers for Disease Control and Prevention, state agencies, country where school is registered, etc.).

- b. Describe how and by whom the immunisation status of medical students is monitored and how students and the medical school are informed when deficiencies in immunisation requirements are noted.

Proposed

MS-25: Student Exposure Policies/Procedures

A medical school has policies in place that effectively address medical student exposure to infectious and environmental hazards, including the following:

- **The education of medical students about methods of prevention**
- **The procedures for care and treatment after exposure, including a definition of financial responsibility.**
- **The effects of infectious and environmental disease or disability on medical student learning activities**

All registered medical students (including visiting students) are informed of these policies before undertaking any educational activities that would place them at risk.

Supporting Data

Table MS-25.1: Satisfaction with Adequacy of Education About Preventing Exposure to Infectious and Environmental Hazards								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined). If the medical school has one or more regional campuses, provide the data by campus.								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 1								
Year 2								
Year 3								
Year 4								
Year 5*								
Total								

*For schools that offer 5-year educational programme

Table MS-25.2: Satisfaction with Adequacy of Education About Procedures to Follow After a Potential Exposure to Infectious and Environmental Hazards								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined). If the medical school has one or more regional campuses, provide the data by campus.								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 1								
Year 2								
Year 3								
Year 4								
Year 5*								
Total								

*For schools that offer 5-year educational programme

Narrative Response

- a. Describe institutional policies in the following areas related to medical student exposure to infectious and environmental hazards:
- The education and training of medical students about methods of prevention
 - The procedures for care and treatment after exposure, including definition of financial responsibility
 - The effects of infectious and/or environmental disease or disability on medical student learning activities

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- b. Describe when and how the school's own medical students and visiting medical students are informed of the medical school's policies and procedures related to exposure to infectious and environmental hazards at all instructional sites. For example, when and how do students, including visiting students, learn about the procedures to be followed in the event of exposure to blood-borne (e.g., a needle-stick injury) or air-borne pathogens? *Schools with regional campus(es) should provide the information by campus.*

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- c. Describe when during their education medical students receive training on the prevention of exposure to infectious diseases.

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Supporting Documentation

1. Provide as an appendix, the policies related to the effects of infectious and/or environmental disease or disability on medical student learning activities.

Appendix title and number	
Page number	
Place ✓ if not available	

2. Provide as an appendix, the policies on medical student exposure to infectious and environmental hazards.

Appendix title and number	
Page number	
Place ✓ if not available	

MS-26: Learning Environment and Professional Standards

A medical school ensures that the learning environment of its medical education programme is conducive to the ongoing development of explicit and appropriate professional behaviours in its medical students, faculty, and staff at all locations. The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment in order to identify positive and negative influences on the maintenance of professional standards, develop and conduct appropriate strategies to enhance positive and mitigate negative influences, and identify and promptly correct violations of professional standards.

Supporting Data

Table MS-26.1: Professional Behaviours		
List the professional behaviours that medical students are expected to develop, the location in the curriculum where formal learning experiences related to the development of these behaviours occur and/or are assessed, and the methods used to assess student attainment of each behaviour. Add rows as needed.		
Behaviour	Location(s) in Curriculum	Assessment Method(s)

Narrative Response

- a. Describe how the required professional behaviours are made known to students, faculty, residents, and others in the medical education learning environment.

- b. Summarise the procedures used by medical students, faculty, or residents to report observed incidents of unprofessional behaviour as defined by the school's list of professional behaviours. Describe the way in which the medical school ensures that allegations of unprofessional behaviour can be made and investigated without fear of retaliation. Describe the process(es) used for follow-up when reports of unprofessional behaviour have been made.

- c. Describe the methods and tools used to evaluate the learning environment in order to identify positive and negative influences on the development of medical students' professional behaviours, especially in the clinical setting. Include the timing of these evaluations, what specifically is being evaluated, and the individuals or groups who are provided with the results.

- d. Provide examples of strategies used to enhance positive and mitigate negative aspects of the learning environment identified through this evaluation process.

- e. Identify the individual(s) responsible for and empowered to ensure that there is an appropriate learning environment in each of the settings used for medical student education.

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Supporting Documentation

1. Provide as an appendix, examples of the types of instruments used to evaluate the learning environment.

Appendix title and number	
Page number	
Place ✓ if not available	

Proposed

MS-27: Academic Environments

The faculty of a medical school ensure that medical students have opportunities to learn in academic environments that permit interaction with students enrolled in other health professions, graduate and professional degree programmes, and in clinical environments that provide opportunities for interaction with physicians in graduate medical education programmes and in continuing medical education programmes.

Also see MS-28 – Resident Participation in Medical Student Education.

Supporting Data

Table MS-27.1: Continuing Medical Education			
If the medical school and/or its clinical affiliates are accredited by the ACCME to sponsor continuing medical education for physicians, use the table below, adding rows as needed, to indicate each sponsoring organisation's current accreditation status, the length of accreditation granted, and the year of the next accreditation review.			
Programme Sponsor	Accreditation Status	Length of accreditation	Year of next Accreditation Review

Narrative Response

- a. Provide examples of informal opportunities (i.e., not a required part of the medical school curriculum) that are available for medical students to interact with students enrolled in other health professions, and students from graduate and/or professional degree programmes. How does the medical school encourage such interactions?

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- b. Describe how medical students are exposed to continuing medical education activities for physicians.

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MS-28: Resident Participation in Medical Student Education

Each medical student in a medical education programme participates in one or more required clinical experiences conducted in a health care setting in which he or she works with resident physicians currently enrolled in an accredited programme of graduate medical education that includes at least four (4) weeks of in-patient care experience.

Narrative Response

- a. Provide the percentage of medical students in the current graduating class who will complete one or more required clinical experiences or selectives that is at least four (4) weeks of in-patient care experience at a site where residents participate in medical student teaching/supervision. For schools with regional campuses, provide these data by campus.

- b. If residents are not present at any of the sites where all required clinical experiences are conducted for some or all students (e.g., at a longitudinal integrated clerkship site or a regional campus) or if some or all students do not have the opportunity to interact with residents prior to residency application, describe how medical students learn about the expectations and requirements of the next phase of their training.

Proposed

MS-29: Student Mistreatment

A medical school develops effective written policies that define mistreatment, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing mistreatment. Mechanisms for reporting mistreatment and other complaints are understood by medical students, including visiting medical students, and ensure that any violations can be registered and investigated without fear of retaliation.

Supporting Data

Table MS-29.1: Satisfaction with the Processes to Report Student Mistreatment								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 1								
Year 2								
Year 3								
Year 4								
Year 5*								
Total								

*For schools that offer 5-year educational programme

Table MS-29.2: Satisfaction with Student Mistreatment Prevention Activities								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 1								
Year 2								
Year 3								
Year 4								
Year 5*								
Total								

*For schools that offer 5-year educational programme

Table MS-29.3: Satisfaction with the Adequacy of the School's Actions on Reports of Student Mistreatment

Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).

Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 1								
Year 2								
Year 3								
Year 4								
Year 5*								
Total								

*For schools that offer 5-year educational programme

Narrative Response

- a. Describe how, when, and by whom medical students, residents, faculty (full-time, part-time, and volunteer), and appropriate professional staff are informed about medical student mistreatment policies.

- b. Describe how and when medical students, including visiting students, are informed about the procedures for reporting incidents of mistreatment.

- c. Summarise the procedures used by medical students, faculty, or residents to report individual or observed incidents of alleged mistreatment in the learning environment. Describe how reports can be made and identify the individuals to whom reports can be directed. Describe the way in which the medical school ensures that allegations of mistreatment can be made and investigated without fear of retaliation. Describe the process(es) used for follow-up when reports of alleged mistreatment have been made.

- d. How, by whom, and how often are summative data on the frequency of medical students experiencing mistreatment collected and reviewed? How and by whom are these data used in efforts to reduce medical student mistreatment?

- e. Describe recent educational activities for medical students, faculty, and residents that were directed at preventing student mistreatment.

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Supporting Documentation

1. Provide as an appendix, the formal medical school or sponsoring organisation/parent company policies on student mistreatment, including the formal policies and/or procedures for responding to allegations of medical student mistreatment and the avenues for reporting and mechanisms for investigating reported incidents.

Appendix title and number	
Page number	
Place ✓ if not available	

Proposed

MS-30: Student Complaints

A medical school has written policy and procedures for addressing complaints from students related to areas covered by CAAM-HP standards and processes. The information provided by the medical school to students includes the school's policy and procedures for addressing student complaints, as well as contact information for the CAAM-HP secretariat to which students may submit complaints not resolved at the institutional level.

Narrative Response

- a. Describe the school's policy and procedures for addressing complaints from students related to areas covered by CAAM-HP standards and processes.

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Supporting Documentation

1. Provide as an appendix, the school's written policy and procedures for addressing complaints from students related to areas covered by CAAM-HP standards and processes.

Appendix title and number	
Page number	
Place ✓ if not available	

END OF SECTION 2

SECTION 3

THE EDUCATIONAL PROGRAMME (ED)

Proposed

ED-1: Programme and Learning Objectives

The faculty of a medical school define its medical education programme objectives in outcome-based terms that allow the assessment of medical students' progress in developing the competencies that the profession and the public expect of a physician. The medical school makes these medical education programme objectives known to all medical students and faculty. In addition, the medical school ensures that the learning objectives for each required learning experience (e.g., course, clerkship) are made known to all medical students and those faculty, residents, and others with teaching and assessment responsibilities in those required experiences.

Supporting Data

Table ED-1.1: Competencies, Programme Objectives, and Outcome Measures

List each general competency expected of graduates, and provide the related medical education programme objectives, and the outcome measure(s) specifically used to assess students' attainment of each education programme objective. Duplicate the table for each additional competency and add rows as necessary.

General Competency		
Medical Education Programme Objective(s) Linked to the Competency	Outcome (Assessment) Measure(s) for Each Objective	

Table ED-1.2: Course/Module and Learning Objectives for Year One (1)

List all courses/modules for year 1 and indicate (Yes or No) if course/module and learning objectives are present. Add rows as needed.

Name of Course/Module	Are Course/Module Objectives Present?	Are there Learning Objectives for All Educational Sessions?

Table ED-1.3: Course/Module and Learning Objectives for Year Two (2)

List all courses/modules for year 2 and indicate (Yes or No) if course/module and learning objectives are present. Add rows as needed.

Name of Course/Module	Are Course/Module Objectives Present?	Are there Learning Objectives for All Educational Sessions?

Table ED-1.4: Required Clerkship Objectives		
For each required clerkship listed, indicate (Yes or No) if clerkship and learning objectives are present. Add rows as needed.		
Name of Clerkship	Are Clerkship Objectives Present?	Are there Learning Objectives for All Educational Sessions?
Family Medicine		
Internal Medicine		
OB-GYN		
Paediatrics		
Psychiatry		
Surgery		
Other*		

*Specify

Narrative Response

- a. Provide a summary of the objectives/content for each course/module during the pre-clinical phase of the curriculum. First-year courses/modules are summarised first followed by second-year courses/modules. If the preclinical phase of the curriculum extends into the third year as in the case of five-year educational programmes, a third-year section should be added.

- i. First Year

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- ii. Second Year

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- b. Provide a summary of the objectives/content of each clerkship/required clinical rotation.

--

- c. Provide the year in which the current medical education programme objectives were last reviewed and approved.

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- d. Describe how medical education programme objectives are disseminated to each of the following groups:

1. Medical students
2. Faculty with responsibility for teaching, supervising, and/or assessing medical students.

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- e. Describe how learning objectives for each required course and clerkship are disseminated to each of the following groups:
1. Medical students
 2. Faculty with responsibility for teaching, supervising, and/or assessing medical students in that course or clerkship.
 3. Residents with responsibility for teaching, supervising, and/or assessing medical students in that course or clerkship.

Also see the responses to Standard ED-25 – Preparation of Residents and Non-faculty Instructors and MS-28 – Resident Participation in Medical Student Education.



Proposed

ED-2: Required Clinical Experiences

The faculty of a medical school define the types of patients and clinical conditions that medical students are required to encounter, the skills to be performed by medical students, the appropriate clinical settings for these experiences, and the expected levels of medical student responsibility.

Narrative Response

- a. Provide a definition for the term “level of student responsibility”. That definition should clearly describe what the students are expected to do in that situation (e.g., observe, participate, perform).

- b. Describe how, when, and by what group(s) the current list of patient types/clinical conditions and skills and the list of alternatives to remedy gaps when students are unable to access a required encounter or perform a required skill were reviewed and approved.

- c. Describe how medical students, faculty, and residents are informed of the required clinical encounters and skills and the expected level of student responsibility for each.

Supporting Documentation

Table ED-2.1: Required Clinical Experiences
For each required clinical clerkship (or clinical discipline within a longitudinal integrated clerkship), list each patient type/clinical condition or required procedure/skill that medical students are required to encounter, along with the corresponding clinical setting and level of student responsibility. Duplicate the table for each required clerkship/clinical discipline as needed.

Clerkship/Clinical Discipline	
Patient Type/Clinical Condition	
Procedures/Skills	
Clinical Setting	
Level of Student Responsibility*	

* Indicate the one minimal level of student responsibility that is expected of all students in order to meet requirements of the clerkship.

ED-3: Self-Directed and Life-Long Learning

The faculty of a medical school ensure that the medical curriculum includes self-directed learning experiences that allow medical students to develop the skills of lifelong learning. Self-directed learning involves medical students' self-assessment of learning needs; independent identification, analysis, and synthesis of relevant information; appraisal of the credibility of information sources; and feedback on these skills from faculty and/or staff.

Supporting Data

Table ED-3.1: Satisfaction with Self-Directed Learning Opportunities in the Pre-clerkship Phase								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 1								
Year 2								
Year 3								
Year 4								
Year 5*								
Total								

*For schools that offer 5-year educational programmes

Narrative Response

- a. List the courses in which self-directed learning activities (as defined in the language of ED-3) occur during the pre-clerkship phase of the curriculum. Describe the learning activities in which students engage in all of the following components of self-directed learning in a unified sequence and indicate how and by whom student achievement of these skills is assessed and feedback provided. (Use the names of relevant courses from Tables ED-1.2 and ED-1.3 above when answering.)
 1. Self-assessment of their learning needs
 2. Independent identification, analysis, and synthesis of relevant information
 3. Independent and facilitator appraisal of the credibility of information sources
 4. Assessed on and receive feedback on their information-seeking skills.

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ED-4: Inpatient/Outpatient Experiences

The faculty of a medical school ensure that the medical curriculum includes clinical experiences in both outpatient and inpatient settings.

Supporting Data

Table ED-4.1: Percentage Total Clerkship Time		
Provide the percentage of time that medical students spend in inpatient and ambulatory settings in each required clinical clerkship. If the amount of time spent in each setting varies across sites, provide a range. Add rows as needed. Complete a separate table for each parallel track and campus or clinical site.		
Required Clerkship	Percentage of Total Clerkship Time	
	% Ambulatory	% Inpatient
Family Medicine		
Medicine		
OB-GYN		
Paediatrics		
Psychiatry		
Surgery		
Other (specify)		

Narrative Response

- a. How does the curriculum committee or other authority determine that the balance between inpatient and ambulatory experiences is appropriate for students to meet the learning objectives and the clinical requirements for the clerkship?

--

ED-5: Elective Opportunities

The faculty of a medical school ensure that the medical curriculum includes elective opportunities that supplement required learning experiences and that permit medical students to gain exposure to and expand their understanding of medical specialties, and to pursue their individual academic interests.

See also ED-6 – Oversight of Extramural Electives

Supporting Data

Table ED-5.1: Required Elective Weeks*	
Provide the number of required weeks of elective time in each year of the curriculum.	
Phase	Total Required Elective Weeks
Year 1	
Year 2	
Year 3	
Year 4	
Year 5**	
Total	

*Complete a separate table for each parallel track and campus, if applicable.

**For schools that offer 5-year educational programme

Narrative Response

- a. Describe how the medical school ensures that sufficient electives are available to meet the educational needs of medical students.

ED-6: Oversight of Extramural Electives

If a medical student at a medical school is permitted to take an elective under the auspices of another medical school, institution, or organisation, a centralised system exists in the dean's office at the home school to review the proposed extramural elective prior to approval and to ensure the return of a performance assessment of the student and an evaluation of the elective by the student. Information about such issues as the following are available, as appropriate to the student and the medical school in order to inform the student's and the school's review of the experience prior to its approval:

- Potential risks to the health and safety of patients, students, and the community
- The availability of emergency care
- The possibility of natural disasters, political instability, and exposure to disease
- The need for additional preparation prior to, support during, and follow-up after the elective
- The level and quality of supervision
- Any potential challenges to the code of medical ethics adopted by the home school.

Narrative Response

- a. Describe how and by whom extramural electives are reviewed and approved prior to being made available for student enrolment.

- b. Describe the way in which the medical school evaluates each of the following areas in its review of electives at locations (e.g., countries/regions) where there is potential risk to medical student and patient safety:

- i. The availability of emergency care
- ii. The possibility of natural disasters, political instability, and exposure to disease
- iii. The need for additional preparation prior to, support during, and follow-up after the elective
- iv. The level and quality of supervision
- v. Potential challenges to the code of medical ethics adopted by the home school.

- c. Describe how the medical school addresses a situation in which a student-requested elective presents a potential risk to student safety.

- d. Describe the system for collecting performance assessments of the school's medical students.

- e. Describe the system for collecting evaluations of external electives from the school's medical students. How are the evaluation data used by the medical school? How are these data made available to medical students considering their elective options?

Proposed

ED-7: Service-Learning/Community Service

The faculty of a medical school ensure that the medical education programme provides sufficient opportunities for, encourages, and supports medical student participation in service-learning and/or community service activities.

Supporting Data

Table ED-7.1: Satisfaction with Access to Service Learning/Community Service								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 1								
Year 2								
Year 3								
Year 4								
Year 5*								
Total								

* For schools that offer 5-year educational programme

Narrative Response

- a. Summarise the opportunities for medical students to participate in service learning and/or community service, including the general types of service-learning and/or community service activities that are available. See the *Glossary of Terms for CAAM-HP Accreditation Standards* for the CAAM-HP definitions of service-learning and community service.

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- b. How are students informed about the availability of service learning and/or community service activities? Provide school data, as available, on the level of students' participation in service-learning and/or community service activities.

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- c. Describe how the medical school encourages and supports service-learning and/or community service activities through the provision of funding and/or staff support.

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ED-8: Education Programme Duration

A medical education programme includes at least 130 weeks of instruction delivered over at least four (4) calendar years.

Supporting Data

Table ED-8.1: Number of Scheduled Weeks per Curriculum Phase		
Use the table below to report the number of scheduled weeks of instruction in each phase ¹ of the curriculum (do not include vacation time). If the medical school offers one or more parallel curricula tracks ² indicate how these affect the medical education programme objectives required of all medical students.		
Curriculum Phase	Number of Scheduled Weeks	Number of Years
Pre-clerkship phase		
Clerkship phase		
Other phase (as defined by the school)		
Total weeks/years of scheduled instruction		

¹The pre-clerkship phase is the time prior to the start of the required clinical clerkships. The clerkship phase includes the time for required, clinical and other related activities. “Other phase” may be a separate portion of the curriculum following the completion of required clerkships, e.g., electives.

²Note any differences for parallel tracks and/or campuses, if applicable.

ED-9: Biomedical, Behavioural, Social Sciences

The faculty of a medical school ensure that the medical curriculum includes content from the biomedical, behavioural, and socioeconomic sciences to support medical students' mastery of contemporary medical science knowledge and concepts and the methods fundamental to applying them to the health of individuals and populations.

Supporting Data

Table ED-9.1: Curricular Content			
For each topic area, place an "X" under each column to indicate the phases in which the learning objectives related to each topic are taught and assessed.			
Topic Areas	Phases Where Topic Areas Are Taught and Assessed		
	Pre-clerkship Phase	Clerkship Phase	Other*
Biochemistry			
Biostatistics and Epidemiology			
Genetics			
Gross Anatomy			
Immunology			
Microbiology			
Pathology			
Pharmacology			
Physiology			
Behavioural Science			
Pathophysiology of Disease			

*Describe/Explain "Other".

Narrative Response

- a. Describe how gaps and unwanted redundancies are identified in the curriculum.

- b. If there have been identified gaps, performance problems, or student dissatisfaction in any of the content areas in table ED-9.1, summarise the steps taken to address these concerns.

ED-10: Organ Systems, Life Cycle, Prevention, Symptoms and Signs, Differential Diagnosis, Treatment Planning

The faculty of a medical school ensure that the medical curriculum includes content and clinical experiences related to each organ system; each phase of the human life cycle; continuity of care; and preventive, acute, chronic, rehabilitative, and end-of-life care.

Supporting Data

Table ED-10.1: Satisfaction with the Adequacy of Education to Diagnose Disease								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 1								
Year 2								
Year 3								
Year 4								
Year 5								
Total								

*For schools that offer 5-year educational programme

Table ED-10.2: Satisfaction with the Adequacy of Education to Manage Disease								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 1								
Year 2								
Year 3								
Year 4								
Year 5*								
Total								

*For schools that offer 5-year educational programme

Table ED-10.3: Satisfaction with the Adequacy of Education in Disease Prevention

Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).

Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 1								
Year 2								
Year 3								
Year 4								
Year 5*								
Total								

*For schools that offer 5-year educational programme

Table ED-10.4: Satisfaction with the Adequacy of Education in Health Maintenance

Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).

Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 1								
Year 2								
Year 3								
Year 4								
Year 5*								
Total								

*For schools that offer 5-year educational programme

Table ED-10.5: General Medical Education

Place an "X" in each column indicating the courses or clerkships where each of the following topic areas is taught and assessed. Use same course names as provided in Tables ED-1.2, ED-1.3 and ED-1.4 above. Add rows for course and clerkship names as needed.

Name of Course/Clerkship	Continuity of care	Preventive care	Acute care	Chronic care	Rehabilitative care	End-of-life care

ED-11: Scientific Method/Clinical/Translational Research

The faculty of a medical school ensure that the medical curriculum includes instruction in the scientific method and in the basic scientific and ethical principles of clinical and translational research, including the ways in which such research is conducted, evaluated, explained to patients, and applied to patient care.

Supporting Data

Table ED-11.1: Scientific Method/Clinical/Translational Research Assessment		
Identify where in the curriculum medical students learn and are assessed on the scientific method and the following basic scientific and ethical principles of clinical research. *		
a. Scientific Method		
Name of Course/Clerkship	Relevant Learning Objectives	Assessment Method(s)
b. Scientific principles of clinical research		
Name of Course/Clerkship	Relevant Learning Objectives	Assessment Method(s)
c. Scientific principles of translational research		
Name of Course/Clerkship	Relevant Learning Objectives	Assessment Method(s)
d. Ethical principles of clinical and translational research		
Name of Course/Clerkship	Relevant Learning Objectives	Assessment Method(s)
e. Use of biomedical statistics in medical science research and its application to patient care		
Name of Course/Clerkship	Relevant Learning Objectives	Assessment Method(s)
f. How clinical and translational research is explained to patients		
Name of Course/Clerkship	Relevant Learning Objectives	Assessment Method(s)

* See the *Glossary of Terms for CAAM-HP Accreditation Standards* at the end of this Database form for the CAAM-HP definitions of clinical and translational research.

Narrative Response

- a. Provide two detailed examples from the pre-clerkship phase of the curriculum where students learn about, demonstrate, and are assessed on each of the following skills. In each description, include the course(s) in which this instruction and assessment occur and provide the relevant learning objectives.
1. Skills of critical judgment based on evidence and experience
 2. Skills of medical problem solving

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ED-12: Societal Problems

The faculty of a medical school ensure that the medical curriculum includes instruction in the diagnosis, prevention, appropriate reporting, and treatment of the medical consequences of common societal problems.

Supporting Data

Table ED-12.1: Common Societal Problems Taught and Assessed in the Curriculum			
For five common societal problems identified by the school, list the courses/clerkships where the teaching occurs; categorise the learning objectives according to whether they address: (a) the diagnosis; (b) prevention; (c) appropriate reporting (if relevant); and (d) treatment of the medical consequences of the societal problem; and assessment method(s) for each objective.			
Societal Problem	Course/ Clerkship	Type of Learning Objectives (a, b, c, d)	Assessment Method(s)

Supporting Documentation

- a. Provide the learning objectives for one of the societal problems listed in the above table along with the category of each objective.

ED-13: Structural Competence, Cultural Competence and Health Inequities

The faculty of a medical school ensure that the medical curriculum provides opportunities for medical students to learn to recognise and appropriately address biases in themselves, in others, and in the health care delivery process. The medical curriculum includes content regarding the following:

- The diverse manner in which people perceive health and illness and respond to various symptoms, diseases, and treatments.
- The basic principles of culturally and structurally competent health care
- The importance of health care disparities and health inequities
- The impact of disparities in health care on all populations and approaches to reduce health care inequities.
- The knowledge, skills, and core professional attributes needed to provide effective care in a multidimensional and diverse society.

Supporting Data

Table ED-13.1: Recognising and Addressing Bias	
Provide the names of courses and clerkships that prepare students to be aware of their own gender and cultural biases and those of their peers and teachers. Add rows as needed.	
Course/Clerkship	Instructional Formats

Table ED-13.2: Structural Competence, Cultural Competence, Health Inequities, and Healthcare Disparities				
For each topic area listed *, indicate with an “X” the phase in the curriculum where it is taught, and the methods used in that phase to assess student performance.				
Topic	Pre-clerkship Phase	Assessment Method(s)	Clerkship Phase	Assessment Method(s)
Structural Competence				
Cultural Competence				
Health Inequities				
Healthcare Disparities				

* See the Glossary of Terms for CAAM-HP Accreditation Standards for the CAAM-HP definitions of structural competence, cultural competence, health inequities, and healthcare disparities.

Table ED-13.3: Satisfaction with opportunities to learn to recognise and address biases

Provide data from the ISA regarding the level of students' satisfaction with opportunities for medical students to learn to recognise and appropriately address biases in themselves, in others, and in the health care delivery process.

Medical Student Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 1								
Year 2								
Year 3								
Year 4								
Year 5*								
Total								

*For schools that offer 5-year educational programme

Proposed

ED-14: Medical Ethics

The faculty of a medical school ensure that the medical curriculum includes instruction for medical students in medical ethics and human values both prior to and during their participation in patient care activities and require medical students to behave ethically in caring for patients and in relating to patients' families and others involved in patient care.

Supporting Data

Table ED-14.1: Medical Ethics Teaching and Assessment in the Curriculum		
For each topic area listed, identify where in the curriculum medical students learn and are assessed on medical ethics and professionalism.		
a. Biomedical ethics		
Course/Clerkship	Learning Objectives	Assessment Method(s)
b. Ethical decision-making		
Course/Clerkship	Learning Objectives	Assessment Method(s)
c. Professionalism		
Course/Clerkship	Learning Objectives	Assessment Method(s)
d. Ethical behaviour in patient care		
Course/Clerkship	Learning Objectives	Assessment Method(s)

Narrative Response

- a. How are breaches of ethical behaviours in patient care by medical students identified and remediated?

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- b. Provide results of evaluations and or reports of graduates of the medical school in residency training in medical ethics and human values. Describe efforts made to obtain reports of graduates of the medical school in practice or as members of a faculty. Provide results of evaluations and or reports of graduates of the medical school in practice or as members of a faculty when available. The evaluations or reports cover a period of five (5) or more years.

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Supporting Documentation

1. Provide as an appendix, instruments used in the formative and/or summative assessment of medical students' ethical behaviour during the pre-clerkship and clinical clerkship phases of the curriculum.

Appendix title and number	
Page number if applicable	
Place ✓ if not available	

Proposed

ED-15: Communication Skills

The faculty of a medical school ensure that the medical curriculum includes specific instruction in communication skills as they relate to communication with patients and their families, colleagues, and other health professionals.

Supporting Data**Table ED-15.1: Skills of Communicating with Patients and Patients' Families**

Complete the table below for each course or clerkship where these explicit skills are taught and assessed and list the relevant learning objectives for each course and clerkship. Duplicate the blank table for each such course or clerkship as needed.

Name of Course/Clerkship		
Learning Objectives	Teaching Format(s)	Assessment Method(s)

Table ED-15.2: Skills of Communicating with Physicians as Part of the Medical Team

Complete the table below for each course or clerkship where these explicit skills are taught and assessed and list the relevant learning objectives for each course and clerkship. Duplicate the blank table for each such course or clerkship as needed.

Name of Course/Clerkship		
Learning Objectives	Teaching Format(s)	Assessment Method(s)

Table ED-15.3: Skills of Communicating with Non-Physician Health Professionals as Part of the Health Care Team

Complete the table below for each course or clerkship where these explicit skills are taught and assessed and list the relevant learning objectives for each course and clerkship. Duplicate the blank table for each such course or clerkship as needed.

Name of Course/Clerkship		
Learning Objectives	Teaching Format(s)	Assessment Method(s)

ED-16: Interprofessional Collaborative Skills

The faculty of a medical school ensure that the core curriculum of the medical education programme prepares medical students to function collaboratively on health care teams that include health professionals from other disciplines as they provide coordinated services to patients. These curricular experiences include practitioners and/or students from the other health professions.

Supporting Data

Table ED-16.1: Interprofessional Collaborative Skills (ICS) in the Curriculum
Duplicate and complete the table below for each course or clerkship in which medical students are brought together with students and/or practitioners from other health professions to learn to function collaboratively on health care teams in order to provide coordinated patient services.

Course/Clerkship in which the Experience Occurs			
Learning Objectives			
Teaching Format(s) or Setting(s) where the Experience Occurs	Duration of Experience (e.g., single session)	Other Health Professions Students (S) or Practitioners (P)	Assessment Method(s)

Supporting Documentation

1. Provide as an appendix, examples of forms used in the assessment of medical students' collaborative practice skills. For each example, list the course or clerkship in which the form is used.

Appendix title and number	
Page number if applicable	
Place ✓ if not available	

ED-17: Curricular Management

A medical school has in place an institutional body (i.e., a faculty committee) that oversees the medical education programme as a whole and has responsibility for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum.

Supporting Data

Table ED-17.1: Satisfaction with the Quality of the Pre-clerkship Phase								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 1								
Year 2								
Year 3								
Year 4								
Year 5*								
Total								

*For schools that offer 5-year educational programme

Table ED-17.2: Satisfaction with the Quality of the Required Clerkships								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 3								
Year 4								
Year 5*								
Total								

*For schools that offer 5-year educational programme.

Narrative Response

- Provide the name of the faculty committee with primary responsibility for the oversight and management of the curriculum (e.g., “curriculum committee”). Describe the formal source of its authority (e.g., medical school faculty bylaws). Describe if there are any circumstances where the dean or other administrator or group can overrule the decision of the curriculum committee.

- b. Provide the number of curriculum committee members from each membership category (e.g., basic science or clinical faculty members, course directors, students) specified in bylaws/policy. List the titles/roles of faculty and administrators who participate in the curriculum committee ex officio (e.g., associate deans, subcommittee chairs) and note which categories of ex officio members are voting and which are not. Note if there are terms for committee members.

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- c. If there are subcommittees of the curriculum committee, describe the charge/role of each, along with its membership categories, the number of members from each category, and the reporting relationship to the parent committee.

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Supporting Documentation

1. Provide as an appendix, the formal charge to or the terms of reference of the curriculum committee, including the excerpt from the bylaws or other policy granting the committee its authority. If the subcommittees of the curriculum committee have formal charges, include those as well.

Appendix title and number	
Page number if applicable	
Place ✓ if not available	

2. Provide as an appendix, a list of curriculum committee members, including their voting status and membership category (e.g., faculty, student, or administrator).

Appendix title and number	
Page number if applicable	
Place ✓ if not available	

ED-18: Use of Medical Educational Programme Objectives

The faculty of a medical school, through the faculty committee responsible for the medical curriculum, ensure that the medical curriculum uses formally adopted medical education programme objectives to guide the selection of curriculum content, and to review and revise the curriculum. The faculty leadership responsible for each required course and clerkship link the learning objectives of that course or clerkship to the medical education programme objectives.

Narrative Response

- a. Describe how the medical education programme objectives have been and are being used in the following activities:
 - i. The prospective selection and appropriate placement of curriculum content within courses/clerkships and curriculum years/phases
 - ii. The evaluation of the curriculum

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- b. Describe whether and by whom course and clerkship objectives have been linked to the medical education programme objectives. Summarise the roles and activities of course/clerkship faculty and the curriculum committee and its subcommittees in reviewing this linkage and how often the linkage is reviewed.

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Supporting Documentation

1. Provide as an appendix, one example from a course and one example from a clerkship illustrating the linkage of all the learning objectives of the course and the clerkship to the relevant medical education programme objective(s).

Appendix title and number	
Page number if applicable	
Place ✓ if not available	

ED-19: Curricular Design, Review, Revision/Content Monitoring

The faculty of a medical school, through the faculty committee responsible for the medical curriculum, are responsible for the detailed development, design, and implementation of all components of the medical education programme, including the medical education programme objectives, the learning objectives for each required curricular segment, instructional and assessment methods appropriate for the achievement of those objectives, content and content sequencing, ongoing review and updating of content, and evaluation of course, clerkship, and teacher quality. These medical education programme objectives, learning objectives, content, and instructional and assessment methods are subject to ongoing monitoring, review, and revision by the responsible committee.

Supporting Data

Table ED-19.1: Role in Curriculum					
For each of the listed tasks, indicate the role ¹ of the individual(s)/group(s) listed below (D, E, R, Rec, A). If an individual/group does not have a role in a task, leave the cell blank.					
Task	Course/ Clerkship Directors and Faculty	CAO/ Assoc. Dean for Medical Education	Office of Medical Education Staff	Curric. Committee	Curric. Committee/ Subcommittee(s)
Educational programme objectives					
Course/clerkship learning objectives					
Course/clerkship content and instructional methods					
Course/clerkship quality and outcomes					
Faculty/resident teaching					
Curriculum content, incl. horizontal & vertical integration					
The outcomes of curriculum phases					
The outcomes of the curriculum as a whole					

¹Definitions:

(D) Design/develop = Develop/create the product or process that is the basis of the task (e.g., the educational programme objectives, the plan and tools for course/clerkship evaluation)

(E) Evaluate = Carry out a process to collect data/information on quality/outcome

(R) Review = Receive and consider the results of an evaluation of the product or process and/or of its outcomes

(Rec) Recommend = Propose an action related to the process or product based on a review or evaluation

(A) Approve/Take Action = Have final responsibility for an action related to the product or process

Table ED-19.2: Pre-clerkship Phase Instructional Formats

Using the most recently completed academic year, list each course/module in the pre-clerkship phase of the curriculum and provide the total number of instructional hours for each listed instructional format. Note that “small group” includes case-based or problem-solving sessions. Provide the total number of hours per course and instructional format. If “other” is selected, describe the other format in the text. Add rows as needed.

Course/Module	Check if Year 1	Check if Year 2	Number of Formal Instructional Hours Per Course					Total
			Lecture	Lab	Small Group	Patient Contact*	Other**	
Totals								

*Include interactions with simulated patients

**Describe other

Table ED-19.3: Assessment of Students – Preclinical Phase

Provide a list of the methods used for assessment of the performance of students for each course/module in the preclinical phase of the curriculum. Add rows as needed.

Course/Module	Assessment Method

Table ED-19.4: Instructional Methods and Assessment of Students – Clerkship Phase

Complete the table below for each clerkship in the clinical phase of the curriculum. Add rows as needed.

Clerkship	Total Weeks	Formal Instruction (hours per week)*	Assessment Method
Family Medicine			
Internal Medicine			
OB-GYN			
Paediatrics			
Psychiatry			
Surgery			

* Not including bedside rounds/teaching

Narrative Response

- a. Describe the general structure of the curriculum by phase (i.e., pre-clerkship, clerkship, “other” phase if relevant). In the description, refer to the placement of courses/clerkships as contained in the curriculum schematic requested below. For courses/clerkships where the title may not clearly indicate the content, indicate the disciplines included. Indicate the maximum number of students in a small group.

- b. Provide a separate, brief description of each parallel curriculum (track), if applicable. Include the following information in each description, and highlight the difference(s) from the curriculum of the standard medical education programme:
- i. The location of the parallel curriculum (main campus or regional campus)
 - ii. The year the parallel curriculum was first offered.
 - iii. The focus of the parallel curriculum, including the additional objectives that students must master.
 - iv. The general curriculum structure (including the sequence of courses/clerkships in each curriculum year/phase)
 - v. The number of students participating in each year/phase of the parallel curriculum

- c. Summarise the process for formal review of the phases of the curriculum. For each phase, describe the data and information sources that are used in the evaluation, the frequency with which the reviews of each phase are conducted, the administrative support available for the reviews (e.g., through an office of medical education), and the role of the curriculum committee in reviewing and acting on the results of the evaluation. Note how the curriculum committee determines if each phase is meeting its intended outcomes.

- d. Describe the process used for the evaluation of the curriculum as a whole, including how the following are reviewed:
- i. The horizontal and vertical integration of curriculum content, and whether sufficient content is included and appropriately placed in the curriculum related to each of the medical education programme objectives.
 - ii. Whether the instructional formats and methods of assessment support the determination of whether the medical education programme objectives are met

Include in the description the frequency with which a review of the curriculum as a whole is conducted and the administrative support available for the review.

- e. Describe how, how often, and for what purpose(s) curriculum content is monitored, including the tools (e.g., a curriculum database) available for content monitoring.

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- f. List the roles and titles of the individuals who have access to the curriculum database. List the roles and titles of the individuals who have responsibility for monitoring and updating its content.

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- g. Provide examples of how monitoring curriculum content and reviewing the linkage of course/clerkship learning objectives and education programme objectives have been used to identify gaps and unwanted redundancies in topic areas. Use Table 8.3-1 to note which individuals and committees carry out, receive, and act on the results of the reviews of curriculum content.

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Supporting Documentation

1. Provide as an appendix, a schematic or diagram that illustrates the structure of the curriculum for the current academic year. The schematic or diagram should show the approximate sequencing of, and relationships among, required courses and clerkships in each year, illustrating when one curriculum phase ends and the next begins. If the structure of one or more years of the curriculum has changed significantly since the last year was completed (i.e., a new curriculum or curriculum year has been implemented), include a schematic of the new curriculum, labeled with the year it was first introduced.

Appendix title and number	
Page number, if applicable	
Place ✓ if not available	

2. Provide as an appendix, a schematic of any parallel curricula (track(s)) if applicable.

Appendix title and number	
Page number, if applicable	
Place ✓ if not available	

3. Provide as an appendix, reports or curriculum committee minutes illustrating the formal review of each phase of the curriculum and the curriculum as a whole.

Appendix title and number	
Page number if applicable	
Place ✓ if not available	

4. Provide as an appendix, the results of a search of the curriculum database for curriculum content related to the topics of “mitochondrial disease” and “substance use disorder.”

Appendix title and number	
Page number if applicable	
Place ✓ if not available	

5. Provide as an appendix, form(s) used for evaluation of students during the clinical phase of the curriculum.

Appendix title and number	
Page number if applicable	
Place ✓ if not available	

6. Provide as an appendix, a summary description of each course/module and each clerkship in the curriculum. Each course/module and each clerkship shows its name and year administered e.g. Year 1, Year 2, etc.

Appendix title and number	
Page number if applicable	
Place ✓ if not available	

ED-20: Evaluation of Educational Programme Outcomes

A medical school collects and uses a variety of outcome data, including United States of America national or equivalent norms of accomplishment, to demonstrate the extent to which medical students are achieving medical education programme objectives and to enhance the quality of the medical education programme as a whole. These data are collected during programme enrollment and after programme completion.

Supporting Data

Table ED-20.1: USMLE Requirements for Advancement/Graduation				
Place an "X" in the appropriate columns to indicate if the school's medical students are required to take and/or pass USMLE Step 1 and Step 2 CK for advancement and/or graduation.				
	Take		Pass	
	Advance	Graduate	Advance	Graduate
Step 1				
Step 2 CK				

Table ED-20.2: Monitoring of Individual Medical Education Programme Outcomes		
Provide the individuals and/or groups in the medical school that are responsible for reviewing the results of each of the indicators that are used to evaluate medical education programme quality and outcomes and how often the results are reviewed.		
Outcome Indicator	Individuals and Groups Receiving the Data	How Often These Results are Reviewed
Results of USMLE or other national or regional examinations		
Student scores on internally developed examinations		
Performance-based assessment of clinical skills (e.g., OSCEs)		
Student advancement and graduation rates		
NRMP match results		
Specialty choices of graduates		
Assessment of residency performance of graduates		

Table ED-20.3: Step 1 USMLE Results of First-time Takers		
Provide the requested Step 1 USMLE results of <u>first-time takers</u> during the three most recently completed years.		
Year	# Examined	Percentage Passes for the School

Table ED-20.4: Step 2 CK USMLE Results of First-time Takers						
Provide the requested Step 2 CK USMLE results of first-time takers during the three most recently completed academic years.						
Academic Year	# Examined	Percentage Passes for the School	Mean Total Score and SD		National Mean Total Score and SD	
			Score	SD	Score	SD

Table ED-20.5: Student Progression Data			
Enter the data for each row below for the three most recently completed academic year. Specify the academic year (AY). The "Number" in each row refers to the number for the first-time admission cohort for the year.			
	AY	AY	AY
Number first time admission			
Mean GPA			
Mean MCAT			
Number dismissed in year 1			
Number withdrew in year 1			
Number transferred out in year 1			
Number dismissed in year 2			
Number withdrew in year 2			
Number transferred out in year 2			
Number dismissed in year 3			
Number withdrew in year 3			
Number transferred out in year 3			
Number dismissed in year 4			
Number withdrew in year 4			
Number transferred out in year 4			
Number dismissed in year 5			
Number withdrew in year 5			
Number transferred out in year 5			
Number completed year 2			
Number sat for USMLE Step 1 immediately after Year 2			
Number/% first time takers pass rate Step 1			
Number completed final year			
Number sat for USMLE Step 2 CK immediately after Year 4			
Number/% first time takers pass rate Step 2 CK			
Number completed year 4 or 5 and did not graduate			
Number graduated who did not enter residency/internship			
Percent passing USMLE Step 3			

Table ED-20.6: Attrition and Academic Difficulty by Curriculum Year												
Provide the number of medical students in each of the following categories during the last two academic years. Count each student only once. Use Year 5 column if programme is normally 5 years												
	AY						AY					
	Yr. 1	Yr. 2	Yr. 3	Yr. 4	Yr. 5	Total	Yr. 1	Yr. 2	Yr. 3	Yr. 4	Yr. 5	Total
Withdrew or were dismissed												
Transferred to another medical school												
Required to repeat the entire academic year												
Required to repeat one or more required courses or clerkships												
Moved to a decelerated curriculum												
Took leave of absence as a result of academic problems												
Took leave of absence for academic enrichment (incl. research or joint degree programme)												
Took leave of absence for personal reasons												

Table ED-20.7: Graduates Not Entering Residency		
Provide the number of medical school graduates who did not enter residency training in the last two (2) graduating classes (YYYY) for each of the listed reasons (provide a brief description of the reason for students counted under “other”).		
Provide the number and percentage of students who did not enter residency in each of the last two (2) graduating classes. Count each graduate only once and do not include students who graduated late.		
Reason	YYYY	YYYY
Family responsibilities		
Change of careers		
Did not gain acceptance to a residency programme		
Preparation for the USMLE		
Research/Pursuing additional degree or training		
Other: (Specify and explain below)		
Total Number of Students in Each Graduating Class Who Did Not Enter Residency Training		
Percentage of Students in Each Graduating Class Who Did Not Enter Residency Training		

Table ED-20.8: Residency Match Rates				
Provide the following information on the number and percentage of students from matriculation through graduation for the last four academic years.				
	AY	AY	AY	AY
Number matriculated for this class				
Number graduating				
Percentage of class matriculants graduating				
Number participated in match				
Number initially matched				
Percentage initially matched				
Number unmatched (after SOAP)				
Percentage unmatched (after SOAP)				
Number of students from previous years matriculants participating in match				
Number of students from previous years matriculants matched before and after SOAP				
Percentage of students from previous years matriculants matched before and after SOAP				
Total number of students unmatched after SOAP – all years matriculants participating in match				

Narrative Response

- a. Summarise process used for evaluating whether students in aggregate are achieving each of the medical education programme objectives (EPOs).

- b. Select three current educational programme objectives from the response to Standard ED-1. One example should come from each of the domains of knowledge, skills, and behaviours (e.g., professionalism). For each objective, describe how the attainment of the objective has been evaluated, including the outcome data from students and graduates and how the specific outcome data in aggregate, are utilised to determine the extent to which the objective is being met.

- c. Provide two examples of the steps taken to address individual outcome measures in one or more of the educational programme objectives that illustrate suboptimal performance by a cohort of medical students/graduates.

Proposed

ED-21: Medical Student Feedback

In evaluating medical education programme quality, a medical school has formal processes in place to collect and consider medical student evaluations of their courses, clerkships, and teachers, and other relevant information.

Supporting Data

Table ED-21.1: Satisfaction with Responsiveness to Medical Student Feedback on Courses								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 1								
Year 2								
Year 3								
Year 4								
Year 5*								
Total								

*For schools that offer 5-year educational programme

Table ED-21.2: Satisfaction with the Responsiveness to Medical Student Feedback on Clerkships								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 3								
Year 4								
Year 5*								
Total								

* For schools that offer 5-year educational programme

Narrative Response

- a. Describe the methods used to collect evaluation data from medical students on course and clerkship quality, such as questionnaires, focus groups, and/or other data collection methods. Which individual(s)/office(s) have the responsibility for each type of data collection?

- b. Describe how medical students provide evaluation data on individual faculty, residents, and others who teach and supervise them in required courses and clerkships.

--

- c. Discuss data from the ISA on students' satisfaction with the school's responsiveness to student feedback on courses and clerkships. Describe how students are informed about actions taken based on their input.

--

Supporting Documentation

1. Provide an appendix with a summary of the results of student questionnaires used to evaluate required courses and clerkships for the most recently completed academic year. Include the overall response rate for the year for each course/clerkship.

Appendix title and number	
Page number if applicable	
Place ✓ if not available	

ED-22: Monitoring of Completion of Required Clinical Experiences

A medical school has in place a system with central oversight that monitors and ensures completion by all medical students of required clinical experiences in the medical education programme and remedies any identified gaps.

Narrative Response

- a. Describe the process(es) used by students to log the completion of their required clinical encounters and skills, including whether there is a centralised tool for logging or there are logging processes/tools at the departmental level.

- b. Summarise when, how, and by whom each student's completion of clerkship-specific required clinical encounters and skills is monitored at the level of the clerkship/clinical discipline. Describe when and by whom the results of monitoring an individual student's log is discussed with the student (e.g., as part of a mid-clerkship review).

- c. Summarise when, how, and by what individuals and/or committee(s) aggregate data on students' completion of clerkship-specific required clinical encounters and skills are monitored.

- d. Describe how aggregate data on completion rates are used by clerkship directors and the curriculum committee and/or a relevant curriculum subcommittee to assess the adequacy of patient volume and case mix. If there were clinical encounters or skills that needed to be satisfied with alternate methods, either in aggregate or at a particular site, describe the circumstances and the steps taken to address this finding.

ED-23: Comparability of Education/Assessment

A medical school ensures that the medical curriculum includes comparable educational experiences and equivalent methods of assessment across all locations within a given course and clerkship to ensure that all medical students achieve the same medical education programme objectives.

Supporting Data

Table ED-23.1: Actions to Support Comparability
For each course or clerkship offered at more than one instructional site, including regional campuses, provide the information requested in a, b and c by entering your responses in the shaded spaces below each. Duplicate (copy/paste) the blank table as often as necessary for each named course or clerkship.

Name of Course/Clerkship:	
a. Summarise how and by whom faculty at distributed sites are informed about learning objectives, assessment system, and required clinical encounters:	
b. Summarise how and how often the leadership of this course/clerkship communicates with site leadership and faculty:	
c. Describe methods used to ensure that site leadership and faculty receive information about student performance and satisfaction:	

Narrative Response

- a. Summarise the data and information that typically are used to determine if there is comparability across sites within a given course or clerkship. Note if the data used to evaluate comparability are determined centrally or by the individual course/clerkship director/faculty or sponsoring department.

--

- b. Describe the individuals (e.g., site director, course/clerkship director, department chair) and/or groups (curriculum committee or a curriculum committee subcommittee) responsible for reviewing and acting on data/information related to comparability across instructional sites. In the description, note the role(s) of each individual/group.

--

- c. Provide examples of the mechanisms employed and the groups/individuals involved in addressing inconsistencies across instructional sites in such areas as student satisfaction, completion of required clinical experiences, and student performance/grades.

--

ED-24: Monitoring Student Time

The medical school faculty committee responsible for the medical curriculum and the programme's administration and leadership ensure the development and implementation of effective policies and procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities throughout the curriculum.

Supporting Data

Table ED-24.1: Satisfaction with the Adequacy of Unscheduled Time for Self-Directed Learning in the Pre-clerkship Phase								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 1								
Year 2								
Year 3								
Year 4								
Year 5*								
Total								

*For schools that offer 5-year educational programme

Table ED-24.2: Satisfaction with Student Workload in the Pre-clerkship Phase								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 1								
Year 2								
Year 3								
Year 4								
Year 5*								
Total								

*For schools that offer 5-year educational programme

Table ED-24.3: Satisfaction with Student Workload in the Required Clerkships								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class*	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 2								
Year 3								
Year 4								
Year 5*								
Total								

* For schools that offer 5-year educational programme.

Narrative Response

- a. Referring to the sample weekly schedules requested for the supporting documentation below, describe the amount of unscheduled time in an average week available for medical students to engage in self-directed learning in the pre-clerkship phase of the curriculum.

--

- b. Note if medical students in the pre-clerkship phase of the curriculum have required activities outside of regularly scheduled class time, such as assigned reading or online modules that include information to prepare them for in-class activities. Do not include time for regular study or review. Describe if there has been a determination of the average amount of time students spend in such required “out-of-class” activities and how this time is accounted for in calculating student academic workload.

--

- c. Summarise the content of any policies/guidelines covering the amount of time per week that students spend in required activities during the pre-clerkship phase of the curriculum. Note whether the policy addresses only scheduled in-class activities or also includes required activities that must be completed outside of scheduled class time.

--

- d. Describe the policies relating to duty hours in the clinical clerkships and how duty hours requirements are disseminated to medical students, residents, and faculty.

--

- e. Describe the mechanisms that exist for students to report violations of duty hours policies either during or at the completion of a clerkship, including the methods available to report without fear of retaliation, and the individuals receiving this information. Describe the steps that can be taken and the individuals responsible for each if duty hour limits are exceeded.

--

- f. Describe when and how data on duty hours for all students are collected and how aggregate data on medical student duty hours are prepared. Note to whom the aggregate data are reported.

--

- g. Describe the frequency with which the curriculum committee or its relevant subcommittee(s) monitor the scheduled time in the pre-clerkship phase of the curriculum and the clinical workload of medical students, in the context of formal policies and/or guidelines.

--

Supporting Documentation

1. Provide as an appendix, a sample of a weekly schedule in the pre-clerkship phase of the curriculum.

Appendix title and number	
Page number if applicable	
Place ✓ if not available	

2. Provide as an appendix, the formal policies or guidelines addressing the amount of scheduled time during a given week during the pre-clerkship phase of the curriculum.

Appendix title and number	
Page number if applicable	
Place ✓ if not available	

3. Provide as an appendix, the formally approved policy relating to duty hours for medical students during the clerkship phase of the curriculum, including on-call requirements for clinical rotations.

Appendix title and number	
Page number if applicable	
Place ✓ if not available	

ED-25: Preparation of Resident and Non-Faculty Instructors

In a medical school, residents, graduate students, postdoctoral fellows, and other non-faculty instructors in the medical education programme who supervise or teach medical students are familiar with the learning objectives of the course or clerkship and are prepared for their roles in teaching and assessment. The medical school provides resources to enhance residents' and non-faculty instructors' teaching and assessment skills and provides central monitoring of their participation in those opportunities.

Narrative Response

- a. Describe any institution-level (e.g., curriculum committee, GME office) policies that require the participation of residents and others (e.g., graduate students, postdoctoral fellows) who supervise/assess medical students in orientation or faculty development programmes related to teaching and/or student assessment.

--

- b. Provide evidence that all residents who supervise/assess medical students in required clinical clerkships, whether they are members of the school's own residency programmes or of other programmes, receive the relevant clerkship learning objectives, the list of required clinical encounters and skills, and the necessary orientation to their roles in teaching and student assessment.

--

Supporting Data

Table ED-25.1: Provision of Objectives and Orientation in the Pre-clerkship Phase of the Curriculum

For each course in the pre-clerkship phase of the curriculum in which residents, graduate students, postdoctoral fellows, and/or other non-faculty instructors teach/supervise medical students, provide the information requested in a, b and c by entering your responses in the shaded spaces below each.

Duplicate (copy/paste) the blank table as often as necessary for each such course.

Name of Course:	
a. Indicate the type(s) of trainees who provide teaching/supervision:	
b. Describe how learning objectives are provided and instructors are oriented to assessment methods:	
c. Explain how the provision of learning objectives and orientation to assessment methods are monitored:	

Table ED-25.2: Resident Preparation to Teach in Clerkships

Duplicate and complete the table below for each of the school's required clinical clerkships. For each named clerkship, provide a brief summary of the orientation programme(s) available to residents to prepare them for their roles in teaching and assessing medical students. In each case, indicate whether the orientation programme is sponsored by the department or the institution (D/I), whether the programme is required or optional (R/O), and whether resident participation is centrally monitored (Y/N), and if so, by whom.

Required Clinical Clerkship			
Brief Summary of Resident Orientation Programme			
Sponsorship (D/I)	Required/Optional (R/O)	Centrally Monitored? (Y/N)	Monitored by whom?

Proposed

ED-26: Faculty Supervision of Medical Students

A medical school ensures that supervision of medical student learning experiences is provided throughout required clerkships by members of the school's faculty.

Narrative Response

- a. Describe the process used to ensure that physicians who will supervise/assess medical students in required clinical clerkships have a faculty appointment before they take up their supervisory/assessment roles.

- b. Describe how, by whom, and the frequency with which the faculty appointment status of physicians who will teach and assess medical students is monitored.

- c. In the event that the teaching of medical students is carried out by physicians, other health care professionals, or other members of the health care team who do not hold faculty appointments at the medical school, describe how the medical school ensures that the teaching activities of these individuals are supervised by medical school faculty members.

Proposed

ED-27: Clinical Supervision of Medical Students

A medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to the student's level of training, and that the activities supervised are within the scope of practice of the supervising health professional.

Supporting Data

Table ED-27.1: Satisfaction with the Adequacy of Supervision in Clinical Settings								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 3								
Year 4								
Year 5*								
Total								

* For schools that offer 5-year educational programme.

Narrative Response

- a. Describe the policies/guidelines that ensure medical students are appropriately supervised and given appropriate responsibility during required clinical clerkships and other required clinical experiences.

- b. How does the school ensure during required clinical experiences and other school-sponsored clinical experiences (i.e., electives) that the level of responsibility delegated to a medical student is appropriate to the student's level of training and experience?

- c. What mechanisms exist for students to express any concerns about the adequacy and availability of supervision in the clinical environment? How, when, and by whom are these concerns reviewed and acted upon?

Supporting Documentation

1. Attach as an appendix, the policies or guidelines related to medical student supervision during required clinical activities that ensure student and patient safety (e.g., policies about timely access to, and in-house availability of, attending physicians and/or residents).

Appendix title and number	
Page number if applicable	
Place ✓ if not available	

2. Attach as an appendix, policies or guidelines related to the delegation of responsibility to medical students based on their level of training and/or experience.

Appendix title and number	
Page number if applicable	
Place ✓ if not available	

Proposed

ED-28: Assessment System

A medical school ensures that, throughout its medical education programme, there is a centralised system in place that employs a variety of measures (including direct observation) for the assessment of student achievement, including students' acquisition of the knowledge, core clinical skills (e.g., medical history-taking, physical examination), behaviours, and attitudes specified in medical education programme objectives, and that ensures that all medical students achieve the same medical education programme objectives.

Supporting Data**Table ED-28.1: Methods of Assessment in the Pre-clerkship Phase of the Curriculum**

Duplicate the table below to provide the information requested for each required course, including clinically based courses, in the pre-clerkship phase of the curriculum. Indicate the total number of exams per course. Indicate items that contribute to a grade by placing an "X" in the appropriate column. For faculty/resident ratings, include evaluations provided by faculty members or residents in clinical experiences and small group sessions (e.g., a facilitator evaluation in small group or case-based teaching). Use the final row to explain each occurrence of "Other." Number each entry in that row (1, 2, etc.) to correspond with the number in the "Other" column.

Name of Course:								No. of Examinations:	
	Internal Exam	Lab or Practical Exam	NBME Subject Exam	OSCE or SP Exam	Faculty Resident Rating	Paper or Oral Pres.	Other (Specify and number)	Narrative Assessment Provided (Yes/No)	
Included in Grade									

Table ED-28.2: Methods of Assessment in the Clerkship Phase of the Curriculum

Complete the following table for all required clerkships in the clerkship phase of the curriculum, adding rows as needed. Indicate items that contribute to a grade by placing an "X" in the appropriate column. For faculty/resident ratings, include evaluations provided by faculty members or residents in clinical experiences. Use the final row to explain each occurrence of "Other." Number each entry in that row (1, 2, etc.) to correspond with the number in the "Other" column.

Clerkship Name	Included in Grade				OSCE/SP Exams	Other* (Specify)	Narrative Assessment Provided (Yes/No)
	NBME Subject Exam	Internal Written Exams	Oral Exam or Pres.	Faculty/Resident Rating			
Family Medicine							
Medicine							
OB-GYN							
Paediatrics							
Psychiatry							
Surgery							

Table ED-28.3: Satisfaction with Clinical Skills Instruction in the Pre-clerkship Phase								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 1								
Year 2								
Year 3								
Year 4								
Year 5*								
Total								

*For schools that offer 5-year educational programme

Table ED-28.4: Satisfaction with Clinical Skills Assessment in the Clerkship Phase								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 3								
Year 4								
Year 5*								
Total								

* For schools that offer 5-year educational programme

Narrative Response

- a. Describe how the medical school ensures that each student has received instruction in and been assessed on the necessary clinical skills (e.g., history taking and physical examination) during the pre-clerkship phase of the curriculum to be prepared for the clerkship/clinical phase of the curriculum. Describe the methods of assessment (e.g., OSCE, standardised patient assessment, preceptor observation), the clinical skills assessed, and the locations in the pre-clerkship phase of the curriculum where assessment occurs.

- b. Describe how the medical school ensures that each student has acquired the necessary core clinical skills (e.g., history taking and physical examination) during the clerkship/clinical phase of the curriculum to be prepared for the next stage of training. Describe the methods of assessment, the clinical skills assessed and the locations in the clerkship/clinical phase where the assessment occurs.

--

Supporting Documentation

1. Provide as an appendix, data from school-specific sources (e.g., clerkship evaluations and/or the ISA) on student perceptions that they were observed performing required clinical skills. Include the academic year of the data.

Appendix title and number	
Page number if applicable	
Place ✓ if not available	

Proposed

ED-29: Narrative Assessment

A medical school ensures that a narrative description of a medical student's performance, including non-cognitive achievement, is included as a component of the assessment in each required course and clerkship of the medical education programme whenever teacher-student interaction permits this form of assessment.

Narrative Response

- a. Summarise the policy/guidelines that describe the circumstances in which narrative descriptions of a medical student's performance will be provided (e.g., length of teacher-student interaction, group size).

--

- b. List the courses in the pre-clerkship phase of the curriculum that include narrative descriptions as part of a medical student's formative or summative assessment.

--

- c. Referring to Tables ED-28.1 and ED-28.2, describe the reasons that a narrative description of performance is not provided in a course where teacher-student interaction might permit it to occur (e.g., there is small group learning or laboratory sessions).

--

Supporting Documentation

1. Provide as an appendix, copies of any institutional policies or guidelines related to providing narrative descriptions of student performance.

Appendix title and number	
Page number if applicable	
Place ✓ if not available	

ED-30: Setting Standards of Achievement

A medical school ensures that faculty members with appropriate knowledge and expertise set standards of achievement in each required learning experience in the medical education programme.

Narrative Response

- a. Describe any roles of the following in setting the standards of achievement (i.e., grading criteria, passing standard) for courses and clerkships and for the curriculum as a whole (i.e., progression and graduation requirements):
1. The curriculum committee
 2. Other medical school committees
 3. Academic departments
 4. Course/clerkship leaders

--

- b. Provide the names of up to three members of the faculty with appropriate knowledge and expertise in setting standards of achievement in each required learning experience in the medical education programme.

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Supporting Documentation

1. Provide as an appendix, copies of the curriculum vitae for the members of the faculty cited in ED 30.b above.

Appendix title and number	
Page number if applicable	
Place ✓ if not available	

ED-31: Formative Assessment and Feedback

The medical school's curricular governance committee ensures that each medical student is assessed and provided with formal formative feedback early enough during each required course or clerkship to allow sufficient time for remediation. Formal feedback occurs at least at the midpoint of the course or clerkship. A course or clerkship less than four weeks in length provides alternate means by which medical students can measure their progress in learning.

Supporting Data

Table ED-31.1: Mid-clerkship Feedback		
Provide information from internal or external evaluations of required clerkships for the most recently completed academic year on the percentage of respondents who agreed/strongly agreed (aggregated) that they received mid-clerkship feedback for each required clerkship. Specify the data source. Add rows as needed		
Clerkship	Data Source	% agreed/strongly agreed (aggregated)
Family Medicine		
Medicine		
OB-GYN		
Paediatrics		
Psychiatry		
Surgery		
Year of Data:		

Table ED-31.2: Pre-clerkship Formative Feedback			
Provide the mechanisms (e.g., quizzes, practice tests, study questions, formative OSCEs) used to provide formative feedback during each course in the pre-clerkship phase of the curriculum. Add rows as needed			
Course Name	Length of Course (in Weeks)	Type(s) of Formative Feedback Provided	Timing of Formative Feedback

Table ED-31.3: Satisfaction with the Amount of Formative Feedback in Pre-clerkship Phase								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 1								
Year 2								
Year 3								
Year 4								
Year 5*								
Total								

*For schools that offer 5-year educational programme

Table ED-31.4: Satisfaction with the Quality of Formative Feedback in Pre-clerkship Phase								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 1								
Year 2								
Year 3								
Year 4								
Year 5*								
Total								

*For schools that offer 5-year educational programme

Table ED-31.5: Satisfaction with the Amount of Formative Feedback in the Required Clerkships								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 3								
Year 4								
Year 5*								
Total								

*For schools that offer 5-year educational programme

Table ED-31.6: Satisfaction with the Quality of Formative Feedback in the Required Clerkships								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class*	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 3								
Year 4								
Year 5*								
Total								

*For schools that offer 5-year educational programme

Narrative Response

- a. Describe how and by whom the provision of mid-course and mid-clerkship feedback is monitored within individual departments and at the curriculum management level.

--

- b. For courses/clerkships less than four weeks in duration, describe how students are provided with timely feedback on their knowledge and skills related to the course/clerkship objectives.

--

Supporting Documentation

1. Provide as an appendix, any institutional policy or guideline requiring that medical students receive formative feedback by at least the mid-point of courses and clerkships of four weeks (or longer) duration.

Appendix title and number	
Page number if applicable	
Place ✓ if not available	

ED-32: Fair and Timely Summative Assessment

A medical school has in place a system of fair and timely summative assessment of medical student achievement in each course and clerkship of the medical education programme. Final grades are available within six weeks of the end of a course or clerkship.

Supporting Data

Table ED-32.1: Availability of Final Grades									
For each required clinical clerkship, provide the average and the maximum number of weeks it took for students to receive grades during the immediate past three (3) academic years. Indicate the AY. Also provide the percentage of students who did not receive grades within 6 weeks. If the medical school has regional campus(es) that offer the clinical years of the curriculum, copy and complete this table for each campus. Add rows as needed.									
Required clerkship	AY			AY			AY		
	Average	Max.	%	Average	Max.	%	Average	Max.	%
Family Medicine									
Medicine									
OB-GYN									
Paediatrics									
Psychiatry									
Surgery									
Other									

Narrative Response

- a. List any courses in the pre-clerkship phase of the curriculum in which all students did not receive their grades within six weeks during the last academic year.

- b. Describe how and by whom the timing of course and clerkship grades is monitored, and the steps taken if grades are not submitted in a timely manner. How does the medical school ensure that course and clerkship grades are reported to students on schedule?

- c. Provide data from the ISA or course/clerkship evaluations related to respondents' opinions about the fairness of summative assessments in courses and in clerkships (e.g., the assessments matched/did not match the course/clerkship learning objectives).

Supporting Documentation

Provide as an appendix, the policy or guideline that specifies the time frame for the reporting of grades.

Appendix title and number	
Page number if applicable	
Place ✓ if not available	

Proposed

ED-33: Student Appeal Process

A medical school ensures that there is a fair and formal process for taking any action that may affect the status of a medical student, including timely notice of the impending action, disclosure of the evidence on which the action would be based, an opportunity for the medical student to respond, and an opportunity to appeal any adverse decision related to advancement, graduation, or dismissal.

Narrative Response

- a. Summarise the due process protections in place at the medical school when there is the possibility of the school's taking an adverse action against a medical student for academic or professionalism reasons. Include a description of the initial decision-making process and the process for appeal of an adverse action taken for academic or professionalism reasons (not including a grade appeal), including the groups or individuals involved at each step in the process.

--

- b. Describe how the due process policy and procedures are made known to medical students.

--

Supporting Documentation

1. Provide as an appendix, the policies and procedures for disciplinary action and due process.

Appendix title and number	
Page number if applicable	
Place ✓ if not available	

ED-34: Student Advancement and Graduation

A medical school ensures that the medical education programme has a single set of core standards for the advancement and graduation of all medical students across all locations. A subset of medical students may have academic requirements in addition to the core standards if they are enrolled in a parallel curriculum.

Narrative Response

- a. Describe how the medical education programme monitors and ensures that a single set of core standards for promotion, advancement, and graduation is applied across all instructional sites, including regional campuses. If the medical education programme has a parallel curriculum with additional academic requirements, describe how these are applied in making promotion, advancement, and graduation decisions for students in that parallel curriculum.

--

- b. Describe how and by which individual(s) or group(s) the following decisions are made:
1. The advancement of a medical student to the next academic period
 2. A medical student's graduation

--

- c. Describe the composition of the medical student promotions committee (or the promotions committees, if more than one). If the promotions committee includes course and/or clerkship directors and/or clinical faculty, describe whether a recusal policy is in place for committee members who may have a conflict of interest, such as for course/clerkship directors who have taken an action (e.g., awarded a failing grade) that contributes to the adverse academic action being proposed against a student or for clinical faculty who have provided health care to a student being reviewed.

--

Supporting Documentation

1. Provide as an appendix, the policy that specifies the core standards for advancement and graduation and the standards in the case of a parallel curriculum with additional requirements.

Appendix title and number	
Page number if applicable	
Place ✓ if not available	

END OF SECTION 3

SECTION 4
THE FACULTY (FA)

Proposed

FA-1: Faculty Recruitment

The recruitment and development of a medical school's faculty take into account its mission, the diversity of its student body, and the population that it serves.

Narrative Response

- a. Describe any medical school or university/parent organisation policies and procedures on faculty recruitment.

--

- b. How do these policies and procedures relate to the medical school's mission, student body, and population served?

--

Supporting Documentation

1. Provide as an appendix, a copy of the document that contains the policy.

Appendix number	
Page number	
Place ✓ if not available	

FA-2: Sufficiency of Faculty

A medical school has in place a sufficient cohort of faculty members with the qualifications and time required to deliver the medical curriculum and to meet the other needs and fulfill the other missions of the institution.

Supporting Data

Table FA-2.1: Full-time Faculty Diversity				
Provide data for the current year on the number of full-time faculty members and the proportion that are full-time in basic science and clinical departments who are members of the following groups. The number of faculty can vary during an academic year, therefore select the highest number at any time during the year.				
	Basic Science Departments		Clinical Departments	
	Total	% Full time	Total	% Full time
National				
Regional				
Extra-Regional				
Female				
Male				
Black /African ethnicity				
East Indian ethnicity				
White				
Other race or ethnic group				

N.B National refers to a citizen of the country where the school is located.

Regional refers to a non-national who is a citizen from another CARICOM jurisdiction.

Table FA-2.2: Total Number of Faculty						
Provide the number of basic science (or sections if only one basic science department) and clinical faculty in each category during the current and the immediate past four (4) years. The number of faculty can vary during an academic year, therefore select the highest number at any time during the current and the immediate past four (4) years.						
	Full-Time		Part-time		Volunteer	
	Basic Science*	Clinical	Basic Science	Clinical	Basic Science	Clinical
Current Year						
1 Year Prior						
2 Years Prior						
3 years prior						
4 years prior						

*Full-time basic science faculty may be based in either basic science or clinical departments

Table FA-2.3: Pre-clinical Faculty

List each of the medical school's basic science disciplines and the department where the basic science faculty are based (basic science or clinical department) and provide the number of faculty in that discipline and department who are teaching medical students. Do not include faculty in basic science disciplines who have no role in medical student education (e.g., have a full-time research role). Only list those disciplines (e.g., pathology) included in the basic science faculty counts in Table 2.2. Schools with one or more regional campus(es) should also provide the campus name. Add rows as needed.

Campus	Discipline	Department	Full-Time Faculty	Full-Time Vacant	Part-Time/Volunteer Faculty

Table FA-2.4: Clinical Faculty

Indicate the total number of clinical science faculty in each rank (or the school's equivalent) for the current year for each required rotation. The number of faculty can vary during an academic year, therefore select the highest number at any time during the year. Add additional rows if necessary.

Department	Number of Full-Time Faculty – Current Year				Other Faculty	
	Professors	Assoc. Prof	Asst. Prof	Vacant	Part-Time ¹	Volunteer ²
Family Medicine						
Internal Medicine						
Ob./Gyn						
Paediatrics						
Psychiatry						
Surgery						
Other						
Total						

¹Does not include faculty who receive only stipends.

²Include faculty who receive only stipends or no financial compensation.

Table FA-2.5: Teaching Responsibilities of Clinical Faculty

Provide the average number of students taught per year per discipline by the clinical faculty. Add additional row(s) if there are other discipline(s) which are required rotations (not electives).

Department	Medical Students (Your school)	Students from Other Medical Schools	Residents	Clinical Fellows	Other Students
Family Medicine					
Internal Medicine					
Ob/Gyn.					
Paediatrics					
Psychiatry					
Surgery					

Narrative Response

- a. Provide the school's definition for full-time, part-time, and volunteer faculty.

- b. How does the school ensure that course/module and clerkship directors have adequate protected time to fulfill their respective administrative responsibilities for course/module/clerkship leadership? Summarise how the allotted amount of protected time has been determined and its sufficiency evaluated.

- c. Describe any situations where there have been recent problems identifying sufficient faculty with the appropriate expertise and time to teach medical students (e.g., to provide lectures in a specific content area, to serve as small group facilitators, to serve as clinical skills teachers). Note how and by whom these problems have been/are being addressed.

- d. Describe anticipated attrition in the basic science and clinical faculty who participate in the medical education programme over the next three years, including faculty retirements.

- e. Describe faculty recruitments, by discipline, planned over the next three academic years. Provide the anticipated timing of these activities and whether these recruitments are included in the budget for the relevant year(s). Note if these are new recruitments or to replace faculty who have retired/left the institution or have definite plans to leave.

FA-3: Faculty Rank

Persons appointed to faculty positions must have demonstrated achievements commensurate with their academic rank.

Narrative Response

- a. Provide a brief description of each faculty employment track (e.g., tenure, investigator, clinical educator, etc.). Explain any variation in the policies across tracks or in their application from department to department.

--

- b. Summarise the criteria and indicate how they were developed and who approved them for appointments to each of the following:

- i. Professor

--

- ii. Associate professor

--

- iii. Assistant professor

--

- iv. Lecturer

--

- v. Tenure: List criteria.

--

- vi. Adjunct professor

--

- vii. Other (Specify)

--

Supporting Documentation

1. Provide as an appendix, a copy of the handbook or manual and indicate the page numbers where the criteria are defined.

Appendix number	
Page number	
Place ✓ if not available	

2. Provide as an appendix, the curriculum vitae of three members of the faculty in each rank of the basic science departments or sections and the curriculum vitae of three members of the faculty in each rank of the clinical departments.

Appendix number	
Place ✓ if not available	

Proposed

FA-4: Scholarly Productivity

The faculty members demonstrate a commitment to continuing scholarly productivity characteristic of an institution of higher learning.

Supporting Data

Table FA-4.1: Scholarly Productivity				
Provide the total number of each type of scholarly work, by department (basic science and clinical), from the most recently completed year (academic or calendar year, whichever is used in the medical school's accounting of faculty scholarly efforts). Only count each article/book chapter once per department. List each department. Add rows as needed.				
Department	Articles in Peer-Review Journals	Published Books/ Book Chapters	Faculty Co-Investigators or PI's on Extramural Grants	Other Peer-Reviewed Scholarship*
*Provide a definition of "other peer-reviewed scholarship," if this category is used:				
Provide the year used for these data:				

Table FA-4.2: Faculty Publications and Grants		
Complete the table on publications, grants, and other academic activity.		
Faculty Category	Number of scientific presentations during the last academic year*	Number of research grants awarded during the last three years**
Pre-clinical		
Clinical		
Provide the year(s) for the data		

*Include abstracts from research activity but not lectures at national, regional, or international meetings

**Number of research grants awarded during the past three (3) years for this column only

Table FA-4.3: Total Amount of Grants				
Provide the total amount in \$US of research grants awarded during each of the years indicated.				
Faculty Category	Current year	One year earlier	Two years earlier	Three years-earlier
Pre-clinical				
Clinical				
Total				

Narrative Response

- a. Describe the medical school's expectations for faculty scholarly activity, including whether such activities are required for retention, promotion, and the granting of tenure.

--

FA-5: Faculty Appointment, Promotion, Discipline, and Dismissal Policies

A medical school has clear policies and procedures in place for faculty appointment, renewal of appointment, promotion, granting of tenure, remediation, discipline, and dismissal that involve the faculty, the appropriate department heads, and the dean and provides each faculty member with written information about term of appointment, responsibilities, lines of communication, privileges and benefits, performance evaluation and remediation, terms of dismissal, and, if relevant, the policy on practice earnings.

Narrative Response

- a. Summarise the institution-wide (medical school or university/parent organisation) policies and procedures for the appointment, renewal of appointment, promotion, granting of tenure (if applicable), and dismissal for all faculty members. Include a copy of the written appointment and promotion guidelines. Summarise how the faculty is involved in each of the discussion/decision for each item in this question.

- b. Describe how and when faculty members are notified of the following:
1. Terms and conditions of employment, including privileges.
 2. Benefits
 3. Compensation
 4. Policies on practice earnings if applicable
 5. Assignment to a faculty track

- c. Describe how and when faculty members are notified about their responsibilities in teaching, research and, where relevant, patient care, and indicate the frequency of such notification.

- d. Summarise the policies, procedures/process for discipline of faculty.

Supporting Documentation

1. Provide as an appendix, a copy of the handbook or manual that shows policies and procedures for the four areas stated above (FA-5.a.b.c and. d). Enter NA if not available.

Appendix number	
Page number for FA-5.a	
Page number for FA-5.b	
Page number for FA-5.c	
Page number for FA-5.d	

FA-6: Feedback to Faculty

A medical school faculty receives regularly scheduled and timely feedback from departmental or institutional leaders on their academic performance and their progress toward promotion and, if applicable, tenure.

Narrative Response

- a. Describe how and how often faculty members receive formal feedback from departmental leaders (chair, division, or section chief) or other programmatic or institutional leaders on their academic performance and progress toward promotion and if relevant, tenure.

--

- b. Summarise which categories of faculty are required to receive such feedback.

--

Supporting Documentation

1. Provide as an appendix, the medical school or sponsoring organisation policies that require faculty to receive regular formal feedback on their performance and their progress toward promotion and, if relevant, tenure, including when and by whom these policies were last reviewed and approved.

Appendix title and number	
Page number	
Place ✓ if not available	

FA-7: Faculty Professional Development

A medical school and/or its sponsoring organisation provides opportunities for professional development for all faculty members, including part-time faculty and volunteer physicians involved in teaching in the areas of discipline content, curricular design, programme evaluation, student assessment methods, instructional methodology, and research to enhance his or her skills and leadership abilities in these areas.

Narrative Response

- a. Describe the availability the medical school, university, or parent company assignment (e.g., faculty development office, medical school dean's office, university office) of knowledgeable individuals who can assist faculty in improving their teaching and assessment skills. Provide the percent of effort allocated by each of these individuals to faculty development activities.

- b. Describe how faculty members are informed about the availability of in-person or virtual faculty development opportunities.

- c. How does the medical school ensure that faculty development opportunities can be accessed by faculty at all instructional sites, including clinical affiliates and regional campuses?

- d. Describe how problems with an individual faculty member's teaching and assessment skills are identified and remediated.

- e. Describe the availability and amount of funding to support faculty members' participation in professional development activities related to their own discipline/specialty (e.g., attendance at professional meetings) and to their teaching role (e.g., attendance at regional/national medical education meetings). What percent of all the basic sciences faculty and what percent of all the clinical faculty participated in the development activities during the most recently completed year.

- f. Provide examples of formal activities at the departmental, medical school, and/or sponsoring organisation level to assist faculty in enhancing their skills in research methodology, publication development, and/or grant procurement. List the categories of personnel (e.g., biostatisticians, grant reviewers) available to assist faculty in acquiring and enhancing such skills.

- g. Describe the specific programmes, mentoring or activities, offered to assist faculty in their professional development.

- h. Describe the elements of faculty teaching skills (e.g., content mastery; ability to lecture or lead a small group; professionalism) that are formally evaluated by medical students or by other methods such as peer review.

- i. Provide a list of the faculty development programmes (e.g., workshops, lectures, seminars) that were available during the most recent academic year, including general topic, attendance numbers, and the locations where these programmes were offered or if they were offered virtually.

Proposed

FA-8: Responsibility for Medical School Policies

The dean and a committee of the medical school's administrators and members of the school's faculty determine governance and medical school policies within their purview.

Narrative Response

- a. Which committee that consists of the dean, relevant medical school administrators, and faculty representatives determine the governance and policy-making processes of the medical school? Describe the committee's membership, charge or purpose, scope of authority, and how often it meets. Indicate if there are students on the committee. Are members appointed by administrator(s) or elected by their peers?

--

- b. Briefly describe how the faculty, who are not members of the committee, have input to this committee.

--

- c. Provide examples of matters addressed by the committee and actions taken by the committee to address those matters during the most recent academic year.

--

Supporting Documentation

1. Provide as an appendix, a copy of the minutes of the committee for the past two years.

Appendix title and number	
Page number	
Place ✓ if not available	

FA-9: Mechanisms for Faculty Participation

A medical school has in place mechanisms for direct faculty involvement in decisions related to the educational programme. These include student admissions; curriculum development, management, and evaluation; student promotions and graduation; and policies and procedures relevant for the programme as appropriate. Strategies for assuring direct faculty participation include peer selection or other mechanisms that bring a broad faculty perspective to the decision-making process, independent of departmental or central administration points of view.

Supporting Data

Table FA-9.1: Medical School Committees				
List the committees of the medical school. Indicate whether each committee is charged to make recommendations (R), empowered to take action (A), or both (B). Place an * next to the name of the committee if it is a standing committee. **In parentheses indicate how many members are administrators, even if they have faculty appointments. Example 15 (5). Add rows as needed.				
Committee	No. of members**	Appointed (A) or Elected (E):	Reports to:	Authority (R/A/B)

Narrative Response

- a. Provide a list of committees on which there are students and indicate the number of students on each of those committees.

--

- b. Describe how the dean obtains input from unit or department heads and faculty members other than through committees.

--

FA-10: Faculty Meetings

The faculty meet often enough for all members to have the opportunity to participate in the discussion and establishment of medical school policies and practices.

Narrative Response

- a. Indicate the frequency of regularly scheduled faculty meetings. How are faculty members informed about regularly scheduled and call-meetings of the faculty? What percent of the basic sciences faculty and what percent of the faculty who supervise and teach medical students of required clerkships attend the meetings? Provide information on how faculty at distant sites participate (attend, make comments, ask questions, vote, etc) at the faculty meetings.

--

- b. Describe how faculty who are not present learn about the discussion or outcomes of general faculty meetings.

--

- c. Describe any special or call meetings of the faculty held in the past two years (e.g., faculty retreats related to the educational programme or strategic planning), including goals, level of participation, and outcomes.

--

- d. In addition to meetings, what other vehicles exist to inform faculty members about medical school matters?

--

Supporting Documentation

1. Provide as an appendix, the agenda and minutes for faculty meetings for the past three (3) years.

Appendix number - Agenda	
Appendix number - Minutes	
Place ✓ if not available	

END OF SECTION 4

SECTION 5
EDUCATIONAL RESOURCES (ER)

Proposed

ER-1: Adequacy of Financial Resources

The current and anticipated financial resources of a medical school are from diverse sources and are adequate to sustain a sound programme of medical education and to accomplish other institutional goals. The resources must also be sufficient to continue the programme until all enrolled students are placed in a comparable programme or graduated in the event of unexpected closure of the school.

Supporting Data

Table ER-1.1: Revenue and Expenses						
Provide the requested revenue and expenses (in millions \$US, one decimal space) and totals for the three most recently completed fiscal years. Insert the year and add rows as needed.						
	20--		20--		20--	
Revenue	\$	%	\$	%	\$	%
From T&F* assessed to medical students						
From T & F School's Graduate programmes						
From continuing medical education programmes						
From other T&F revenues						
Total from university or parent company						
Total from research grants						
Total from other grants						
Total from donations						
Total from in-kind donations						
Total from clinical practice						
Total revenue						
	20--		20--		20--	
Expenditures	\$	%	\$	%	\$	%
Facilities - maintenance, utilities etc.						
Facilities - unbudgeted						
Unbudgeted expenditures - other						
Personnel – include benefits						
Scholarships/grants to students						
Loans						
Total bad debt write-off						
Other – list below table						
Total Expenditures						
Net income (loss) for the year						
Total reserve fund current and previous years						

* Tuition and Other Student Fees

Narrative Response

- a. Describe steps taken by the school to diversify sources of revenue.

- b. Summarise trends in each of the funding sources available to the medical school, including an analysis of their stability.

- c. Describe any substantive changes in the following areas during the current and last three (3) most recently completed years (based on current projections).

- i. Total revenues

- ii. Operating margin

- iii. Revenue mix

- iv. Market value of endowments

- v. Medical school reserves

- vi. Debt service

- vii. Outstanding debt

- viii. Departmental reserves

d. Describe any substantive changes anticipated by the medical school in the following areas during the three fiscal years following the fiscal year of this survey visit and explain the reasons for any anticipated changes.

i. Total revenues

ii. Revenue mix

iii. Obligations and commitments (e.g., ongoing commitments based on prior dean and chair searches)

iv. Reserves (amount and sources)

e. Describe the medical school's annual budget process and the role and authority of the medical school dean in budget development and approval.

f. Describe the ways in which the medical school's governance, through its organisational structure, supports the effective management of its financial resources.

g. Describe the ways that funding for the current and projected capital needs of the medical school is being addressed.

h. Describe the medical school's policy (if any) and practice with regard to the financing of deferred maintenance of medical school facilities (e.g., roof replacement).

i. Describe whether and for what purpose(s) financial reserves, or other sources, have been used to balance the operating budget over the past three fiscal years.

- j. Summarise the key findings resulting from the most recent external financial audits of the medical school (including medical school departments) and/or its sponsoring organisation.

--

Supporting Documentation

1. Provide as an appendix, detail of revenue and expenditures summary for the last four (4) most recently completed fiscal year.

Appendix number	
Place ✓ if not available	

2. Provide as an appendix, a copy of the most recent audited, signed and dated financial statements for the medical school and/or its sponsoring institution that shows the budget for the medical school.

Appendix number	
Place ✓ if not available	

3. Provide as an appendix, a copy of the most recent signed and dated budget for the medical school, if it is not included with the appendix above.

Appendix number	
Place ✓ if not available	

ER-2: Dean's Authority for Resources

The dean of a medical school has access to sufficient resources and the budgetary authority to achieve the mission and educational objectives of the school.

Narrative Response

- a. Provide the name and title of the individual with formal responsibility for the management and evaluation of the medical education programme, referred to here as the dean or the chief academic officer (CAO).

--

- b. If the dean is not the Chief Academic Officer (CAO), and responsibility for the medical education programme is delegated to an associate dean or other individual serving as CAO, use table ER-2.1 below to provide the name and title of this individual, and the percentage of time he or she devotes to this administrative responsibility.

Table ER-2.1: Responsibility for the Educational Programme			
Name	Title	% Effort in CAO Role	% time on campus

- c. Describe how the CAO participates in institution-level/system-level planning to ensure that the resource needs of the medical education programme (e.g., funding, faculty, educational space, other educational infrastructure) are considered.

--

- d. Describe the budgetary authority of the medical school dean in accessing funds from the medical school budget.

--

- e. Describe how and by whom the budget to support the planning and delivery of the school's medical education programme is developed and approved, and how it is allocated to departments and administrative units.

--

- f. Is there a staff leader of a group or unit that is responsible for providing administrative or academic support for the planning, implementation, and evaluation of the curriculum and for student, course/clerkship, and programme assessment?

Yes	
No	

If yes, complete Table ER-2.2 below

Table ER-2.2: Administrative/Academic Support				
Provide the name and other information as requested below of the staff leader of a group or a unit that is responsible for providing administrative or academic support for the planning, implementation, and evaluation of the curriculum and for student, course/clerkship, and programme assessment.				
Name of Staff Leader	Title	To Whom Does the Staff Leaders Report (e.g., Associate Dean for Medical Education)?	% Effort to Support the Medical Education Programme	# of Staff Reporting to Leader

Proposed

ER-3: Pressures for Institutional Self-Financing

A medical school admits only as many qualified applicants as its total resources can accommodate and does not permit financial or other influences to compromise the school's educational mission.

Narrative Response

- a. Describe how and at what administrative level (e.g., the medical school, the sponsoring organisation administration, the board of trustees, the legislature) the size of the medical school entering class is set. How does the school/institutional leadership ensure that the number of medical students does not exceed available resources (i.e., faculty and educational facilities)?

- b. Describe the process for setting tuition and fees for the medical school.

- c. Describe how and by whom pressures to generate funding from clinical care, research, and/or tuition & fees are being managed to prevent negative effects on the medical education programme.

Proposed

ER-4: Sufficiency of Buildings and Equipment

A medical school has or is assured the use of, buildings and equipment appropriate to achieve its educational, clinical, research, and other goals of the mission.

Supporting Data

Table ER-4.1: Buildings
Duplicate and complete the table of teaching facilities for each building where medical students regularly take classes, including laboratory experiences during the pre-clerkship years. Do not include classrooms located in clinical facilities. Add rows as necessary.

Name of Building			
Year Constructed			
Type of Room*	Seating Capacity	Main Educational Use(s)**	
Lecture Hall			
Science Laboratory			
Conference Room			
Small-group Discussion Room			

*Indicate total number of such rooms in parentheses.

**Lectures, small-group discussion, dissection, wet labs, slide study, etc.

Table ER-4.2: Satisfaction with the Adequacy of Small Group Teaching Spaces								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 1								
Year 2								
Year 3*								
Year 4*								
Year 5*								
Total								

*Do not include classrooms in the clinical facilities

Table ER-4.3: Offices and Laboratories				
Provide the number of faculty offices, research laboratories, and net square footage for each academic department of the medical school. Add rows as needed.				
Department Name	No. of Offices	Total Net Sq. Ft.	No. Research Labs	Total Net Sq. Ft.

Narrative Response

- a. Who is responsible for scheduling and coordinating the use of these facilities? Provide details on sharing the facilities with other educational programmes? Describe any recurrent problems or shortcomings and how conflicts are resolved.

- b. If classrooms or lecture halls are shared by students in different years of the curriculum, describe how and by whom the spaces are scheduled, and allocation is managed.

- c. Describe any special facilities for teaching physical examination and procedural skills or conducting standardised patient examinations or OSCEs; do not include physical examination rooms (for patient care) located in hospitals or clinics, unless they have been modified significantly for educational purposes. Note how conflicts are resolved if the space is used by other students.

- d. Describe how research space is organised and allocated within the medical school. Describe how the medical school determines if the available research space is adequate.

- e. Describe any recent challenges in obtaining access to needed teaching space and how these have been/are being resolved.

- f. Describe any substantive changes in facilities for education and/or research anticipated by the medical school over the *next three academic years*. Note if any renovation or new construction is planned.

ER-5: Resources for Clinical Instruction

A medical school has, or is assured the use of, appropriate resources for the clinical instruction of its medical students in ambulatory and inpatient settings that have adequate numbers and types of patients (e.g., acuity, case mix, age, gender).

Supporting Data

Table ER-5.1: Clerkship Sites							
List all inpatient teaching sites at which medical students take one or more required clerkships. Use the required clerkships column headings or modify if necessary. Indicate the clerkship(s) offered at each site by placing an "X" in the appropriate column. Leave the column blank if a clerkship is not offered at that site. Add more rows as needed.							
Facility Name/ Campus (if applicable)	Medicine	Surgery	OB/GYN	Paediatrics	Psychiatry	Family Medicine*	Other

*Or equivalent name for primary care

Table ER-5.2: Clinical Sites and Resources

For each site listed in Table ER-5.1 above, duplicate and complete the table below by inserting the data only for required clerkships at that site.

Facility Name						
Clinical Service	Number of Beds	Avg. Daily Inpatient Census	Number of Students per Year at site			
			School's Medical Students	Medical Students from other medical schools	Allied Health Students	Nursing Students
Family Medicine						
Internal Medicine						
Obstetrics/Gynaecology						
Paediatrics						
Psychiatry						
Surgery						

Table ER-5.3: Ambulatory Teaching Sites by Clerkship

For each type of ambulatory teaching site used for one or more required clerkships, indicate the clerkship(s) offered at this type of site by placing the number of outpatient visits in the appropriate column. Add rows as needed.

Facility Name – Include Private Physicians' Offices	Medicine	Surgery	OB/GYN	Paediatrics	Psychiatry	Family Medicine	Other

Narrative Response

- a. Indicate the accreditation status of and the agency that accredited those other medical schools whose students rotate at the site in table ER-5.2 above.

- b. Describe steps taken to ensure that the school's curriculum is followed on those clerkships where there are medical students from other schools.

- c. Describe any substantive changes anticipated by the medical school over the next three academic years in clinical sites (inpatient and/or ambulatory) for clinical education.

ER-6: Clinical Instructional Facilities/Information Resources

Each hospital or other clinical facility affiliated with a medical school that serves as a major location for required clinical learning experiences has sufficient information resources and instructional facilities for medical student education.

Supporting Data

Table ER-6.1: Inpatient Hospital Clerkship Resources		
List each clinical site used for the inpatient portion of one or more required clinical clerkships. Indicate whether the indicated resource is available for medical student use by placing an "X" in the appropriate column heading. Schools with regional campuses should include the campus name for each facility. Add rows as needed.		
Facility Name	Lecture/ Conference Rooms	Computers and Internet Access

Table ER-6.2: Satisfaction with the Adequacy of Educational/Teaching Spaces at Hospitals								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class*	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 2								
Year 3								
Year 4								
Year 5**								
Total								

* Insert 0 in any row that include students who have not experienced the required clerkships.

** For schools that offer 5-year educational programme

Narrative Response

- a. Comment on the adequacy of infrastructure resources to support medical student education at each inpatient and outpatient site (excluding private physician offices) used for required clinical clerkships, including space for teaching (lectures/conference rooms), and access to information technology.

--

- d. If problems with the availability of educational resources were identified at one or more inpatient or outpatient sites, describe the data/information illustrating the problem, and the steps taken to address the identified problems.

--

ER-7: Security, Student Safety, and Disaster/Emergency Preparedness

Appropriate security systems are in place and policies and procedures for students, faculty, and support staff to follow in case of a disaster or emergency, are published and widely distributed at all educational sites.

Supporting Data

Table ER-7.1: Satisfaction with Medical School Campus Safety and Security								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 1								
Year 2								
Year 3								
Year 4								
Year 5*								
Total								

*For schools that offer 5-year educational programme

Table ER-7.2: Satisfaction with Clinical Site Safety and Security								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class*	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 2								
Year 3								
Year 4								
Year 5**								
Total								

* Insert 0 in any row that includes students who have not experienced the required clerkships.

**For schools that offer 5-year educational programme

Narrative Response

- a. Describe the school's policies for preparing for and for dealing with emergencies or disease outbreaks.

- b. Describe the security system(s) in place and the personnel available to provide a safe learning environment for medical students during the times/situations listed below. If the medical school has regional campuses, describe the security systems in place at each campus.
1. During regular classroom hours on campus
 2. Outside of regular classroom hours on campus
 3. At clinical teaching sites

- c. Describe how medical students are protected at instructional sites that may pose special physical dangers (e.g., during interactions with patients in detention facilities, in the emergency department).

- d. Describe how medical students and faculty are informed of institutional emergency and disaster preparedness policies and plans and how they are notified in the case of emergency situations.

Supporting Documentation

1. Attach as an appendix, a copy of the medical school or sponsoring organisation emergency and disaster preparedness policies, procedures, and plans, as they relate to medical students, faculty, and staff.

Appendix number	
Page numbers	
Place ✓ if not available	

ER-8: Library Resources/Staff

A medical school provides ready access to well-maintained library resources sufficient in breadth of holdings and technology to support its educational and other missions. Library services are supervised by a professional staff who are familiar with regional and national information resources and data systems and responsive to the needs of the medical students, faculty members, and others associated with the institution.

Supporting Data

Table ER-8.1: Satisfaction with Access to Library Resources and Holdings								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 1								
Year 2								
Year 3								
Year 4								
Year 5*								
Total								

*For schools that offer 5-year educational programme

Table ER-8.2: Satisfaction with the Quality of Library Support and Services								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 1								
Year 2								
Year 3								
Year 4								
Year 5*								
Total								

*For schools that offer 5-year educational programme

Table ER-8.3: Medical School Library Resources and Space. Do not include libraries at clinical sites				
Provide the following information for the most recent academic year. Schools with regional campuses may add rows for each additional library.				
Library/Campus (as appropriate)	Current Total Journal Subscriptions (all formats)	# of Book Titles (all formats)	# of Databases	Total User Seating

Table ER-8.4: Medical School Library Staffing		
Provide the number of staff FTEs in the following areas, for the most recent academic year. Schools with regional campuses may duplicate table ER-8.4 for each additional library/campus with each table headed by the name of the campus site		
Professional Staff	Technical and Paraprofessional Staff	Part-Time Staff (e.g., student workers)

Narrative Response

- a. List any other schools and/or programme(s) served by the main medical school library.

- b. List the regular staffed library hours. If there are additional hours during which medical students have access to all or part of the library for study, provide these as well.

- c. Describe whether members of the medical school library staff are involved in curriculum planning, curriculum governance (e.g., by participation in the curriculum committee or its subcommittees), or in the delivery of any part of the medical education programme.

- d. Describe medical student and faculty access to electronic and other library resources across all sites, including clinical sites and regional campuses. Are the library resources listed above available to medical students and faculty at sites separate from the medical school campus? List sites at which there are no access to electronic and other library resources for medical students and faculty.

ER-9: Information Technology Resources/Staff

A medical school has and provides access to well-maintained information technology resources sufficient in scope to support its educational and other missions. The information technology staff serving a medical education programme has sufficient expertise to fulfill its responsibilities and is responsive to the needs of the medical students, faculty members, and others associated with the institution.

Supporting Data

Table ER-9.1: Satisfaction with Ease of Access to Technology Support								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined). If the medical school has one or more regional campuses, provide the data by campus.								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 1								
Year 2								
Year 3								
Year 4								
Year 5*								
Total								

*For schools that offer 5-year educational programme

Table ER-9.2: Satisfaction with Access to Online Learning Resources								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined). If the medical school has one or more regional campuses, provide the data by campus.								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 1								
Year 2								
Year 3								
Year 4								
Year 5*								
Total								

*For schools that offer 5-year educational programme

Table ER-9.3: Medical School IT Resources			
Provide the following information for the most recent academic year by placing Y (Yes) or N (No) in the appropriate column. Schools with regional campuses should specify the campus in each row.			
Campus (if applicable)	Is there a wireless network on campus?	Is there a wireless network in classrooms and study spaces?	Are there sufficient electrical outlets in educational spaces for computer use?

Table ER-9.4: Medical School IT Services Staffing			
Provide the number of IT staff FTEs dedicated/available to the medical school in the following categories, using the most recent academic year. Schools with regional campuses may add rows for each additional campus.			
Total # of IT Staff FTEs	Professional Staff	Technical and Support Staff	Part-Time Staff (e.g., student workers)

Narrative Response

- a. Describe the reliability and accessibility of a wireless network in classrooms and study spaces. If the school has regional campuses, include the description by campus.

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- b. Describe the availability of telecommunications technology that links all instructional sites/campuses and how information technology (IT) services support the delivery of distributed education, as relevant.

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- c. Describe how medical students, residents, and faculty can access educational resources (e.g., curriculum materials) from off-campus sites, including teaching hospitals and ambulatory teaching sites.

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- d. Summarise how the medical school determines the adequacy of IT resources to support the educational programme.

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- e. Describe the ways that staff members in the IT services unit are involved in curriculum planning, delivery, and evaluation for the medical school, including the creation and maintenance of tools (e.g., learning management systems, curriculum database) for these purposes.

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ER-10: Resources used by Transfer, Visiting Students, and Students from Other Schools

Resources to accommodate any visiting or transfer students, and students from other medical schools do not significantly diminish the resources available to the school's medical students.

See MS-11 – Policies and Procedures for Visiting Students and Students Rotating with the School's Medical Students

Table ER-10.1: Visiting Students			
Provide the number of visiting students for the current and the past two (2) specified academic years.			
	AY	AY	Current AY
Visiting students completing required clerkships (as defined for the school's own medical students)			
Visiting students completing clinical electives and/or other courses			

Table ER-10.2: Students from other Schools Rotating with this School's Students						
Provide the total number of students from other schools rotating with this school's Students for the current and the past two (2) specified academic years.						
	Students from schools accredited by CAAM-HP, LCME, or COCA			Students from schools not accredited by CAAM-HP, LCME, or COCA		
	AY	AY	Current AY	AY	AY	Current AY
Family Medicine						
Medicine						
OB-GYN						
Paediatrics						
Psychiatry						
Surgery						
Other						

Narrative Response

- a. Describe how and by which individuals or groups the adequacy of resources is taken into account to make the following decisions:

- i. The number of transfer students accepted into each year of the curriculum.

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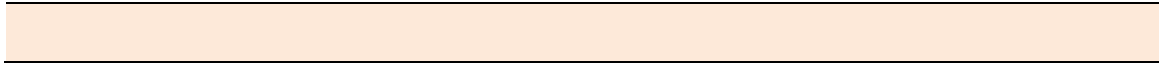
- ii. The number of visiting students accepted for electives by departments.

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- iii. The number of students assigned by the school to rotations at sites where there are medical students from other schools rotating on the same service.

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- b. Describe how the medical school ensures that space and resources are adequate to support the numbers of transfer students, visiting students who are accepted, and students from other schools rotating on the same clerkship at the same site as the school's medical students.



Proposed

ER-11: Study Space/Lounge/Storage Space/Call Rooms

A medical school has or ensures that each campus and each clinical site for required clerkships has adequate study space, lounge for student relaxation, personal lockers for students, and secure and safe on-call rooms for students who are on evening, late night, and all-night calls.

Supporting Data

Table ER-11.1: Space at Educational Sites. List each campus and each clinical site. Add rows as needed				
For each educational site used by students from the school, indicate availability in the columns below by entering 'Yes' or 'No' in the appropriate column.				
Name of Site	Lounge/Relaxation	Personal locker	On-call Room*	Study Space

*insert * if shared on-call room

Table ER-11.2: Satisfaction with the Adequacy of Student Study Space at the Medical School Campus								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 1								
Year 2								
Year 3								
Year 4								
Year 5*								
Total								

*For schools that offer 5-year educational programme

Table ER-11.3: Satisfaction with the Adequacy of Student Study Space at Hospitals/Clinical Sites

Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).

Medical School Class*	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 2								
Year 3								
Year 4								
Year 5*								
Total								

*For schools that offer 5-year educational programme

Table ER-11.4: Satisfaction with the Adequacy of Campus Relaxation Space

Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).

Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 1								
Year 2								
Year 3								
Year 4								
Year 5*								
Total								

*For schools that offer 5-year educational programme

Table ER-11.5: Satisfaction with the Adequacy of Relaxation Space at Hospital/Clinical Sites

Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).

Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 2								
Year 3								
Year 4								
Year 5								
Total								

*For schools that offer 5-year educational programme

Table ER-11.6: Call Room Availability		
List each hospital/clinical facility used for required clinical clerkships, including regional campuses. Place a “Y” (yes) if there is required call in one or more clerkships at that hospital and a “Y” (yes) if there is call room availability for medical students at the site. Add as many rows as necessary.		
Name of Hospital/clinical facility	Required Medical Student Night Call in One or More Clerkship(s)?	Call Rooms Available for Medical Students?

Table ER-11.7: Satisfaction with the Adequacy of Secure Storage Space at the Medical School Campus								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 1								
Year 2								
Year 3								
Year 4								
Year 5*								
Total								

*For schools that offer 5-year educational programme

Table ER-11.8: Satisfaction with the Adequacy of Secure Storage Space at Hospital/Clinical Sites								
Provide data from the ISA by curriculum year on the number and percentage of respondents who selected N/A, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined).								
Medical School Class	Number of Total Responses/Response Rate to this Item		Number and % of N/A Responses		Number and % of Dissatisfied/Very Dissatisfied Responses		Number and % of Satisfied/Very Satisfied Responses	
	N	%	N	%	N	%	N	%
Year 2								
Year 3								
Year 4								
Year 5*								
Total								

*For schools that offer 5-year educational programme

Narrative Response

- a. Describe the locations of lounge/relaxation space and personal lockers or other secure storage areas for student belongings on the central medical school campus, at each facility used for required clinical clerkships, and on each regional campus (if applicable) for students in the pre-clerkship and clerkship portions of the curriculum. Note if the space is solely for medical student use or if it is shared with others.

- b. For each site and clerkship where there is overnight call, describe the call rooms available for medical students, their location, and their security.

Proposed

ER-12: Required Notifications to the CAAM-HP

A medical school accredited by or seeking accreditation from the CAAM-HP notifies the CAAM-HP as soon as possible, by letter or in their annual report of any of the following:

1. Change in ownership
2. Change in legal status
3. Closure or plan to close the institution or programme
4. Relocation of the campus
5. Establishment of an additional campus
6. Change in dean/CAO
7. Plans for any major modification of its medical curriculum
8. Changes in the clinical affiliations
9. Substantial change in student enrollment (25% or more of prior academic year's enrolment).
10. Decrease in the resources available to the institution for its medical education programme, including faculty, physical facilities, clinical sites for medical student education.

Supporting Data

Table ER-12.1	
Provide a list of the changes listed in the standard above (IS-12) and the dates CAAM-HP was informed of each one. Add rows as needed.	
Change	Date CAAM-HP Notified

Table ER-12.2: New Medical Student Admissions							
Provide the number of new medical students (not repeating students) admitted in each of the indicated academic years.							
7 years prior	6 years prior	5 years prior	4 years prior	3 years prior	2 years prior	1 year prior	Current year

Supporting Documentation

1. Attach as an appendix, a copy/copies of any notifications made to the CAAM-HP of changes in medical student enrollment, curriculum, finances, change on ownership/governance, clinical affiliations, and/or other institutional resources since the last full survey.

Appendix number	
None submitted	
Place ✓ if not available	

END OF DATABASE FORM